Hospital-Acquired Infection Due to *Mycobacterium chelonei* in a Nonindigenous Patient in Italy

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Although a common contaminant in hospital environments, *Mycobacterium chelonei* is rarely responsible for nosocomial infections, it is mainly implants or device related: contamination of porcine and prosthetic cardiac grafts, tympanotomy tubes, and intravenous and dialysis catheters.1–3 Surgical site infections (SSI) following augmentation mammoplasty and aesthetic surgical procedures are also well described.4 We describe the first Italian case of SSI caused by *M. chelonei* in a person from Ecuador.

**Case Report**

A 36-year-old man, born in Ecuador, traveled to Italy in August 1998 on a business visa. In September 1998, he presented to the Clinic of Infectious and Tropical Diseases, of the University of Brescia, with a skin lesion of the face. The lesion, of approximately 1½ month duration, was localized on the nose, and extended to both the zygomatic regions. The patient reported an outpatient intervention for facelift surgery (lipofilling) of the nose, in Quito hospital, in July 1998. Four days after the intervention he developed a SSI accompanied by fever. The patient received antibiotic treatment, improved, was discharged, and left Ecuador to move to Italy. Forty days after the intervention, and 2 days after arrival in Italy, local pain and inflammation reappeared. On admission to hospital, the physical examination revealed a painless, infiltrated, erythematous lesion of the face, measuring 4 × 6 cm, with cervical adenopathy; a satellite lesion was present on the abdominal region, where the tissue for facial lipofilling had been sucked. The hematocrit exams were normal. A needle aspirate of one facial lesion was negative for acid fast bacilli (AFB), and a biopsy specimen of the abdominal lesion showed chronic granulomatous lesions with focal abscesses and no evidence of AFB, yeast, or bacteria. A 14-day course of amoxicillin and doxycyclin produced no clinical benefit and led to a presumptive diagnosis of post-lipofilling lipodystrophy. Two weeks later *M. chelonei*, subspecies *abscessus*, was isolated from the aspirate of the skin lesion. In the meantime, the patient had returned to Ecuador, and was therefore lost to follow-up.

This is the first report of SSI sustained by *M. chelonei* in Italy. However, this condition has been well documented in the US and South America. An outbreak of *M. chelonei/Mycobacterium fortuitum* SSI occurred in 8 persons after either facelift or augmentation mammoplasty procedures; contaminated gentian violet skin-marking solution was recognized as the source of infection.5 Recently, the Centers for Disease Control and Prevention has reported another outbreak of *M. chelonei/M. fortuitum* SSI following liposuction or liposculpture in 9 patients from eight hospitals in Caracas, Venezuela.6

The differential diagnosis in this case initially focused on a chronic, polyfocal, soft skin infection, including community acquired tropical infections. A higher degree of awareness of geographic medicine problems could have led to inclusion of *M. chelonei* SSI in the differential diagnosis. Travel medicine expertise could have prevented the loss from follow-up of a patient who received ineffective treatment for his actual medical problem. However, the history of travel should focus not only on classic endemic diseases, but also on nosocomial infections associated with environmental agents. In fact, the extensive use of cosmetic plastic

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**References**

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surgery, coupled with a low standard of sterilization practices, increases the risk of SSI from environmental agents like *M. chelonei*.

*M. chelonei* should be included in the differential diagnosis of SSI, when the infection has a intermediate incubation time (over 21 days) and surgery was performed in countries with intermediate economy. This uncommon disease may present wider geographic distribution in the near future as a consequence of the ease of population movement.

**References**


Castle in Brescia, Italy. Submitted by Charles D. Ericsson, MD.