



LAPROSCOPY PORT SITE NON-TUBERCULOUS MYCOBACTERIAL (NTM) INFECTION

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CASE HISTORY

A 32 years old female from Ahmedabad

Underwent Laproscopy for removal of left complex ovarian cyst on 21-11-2016

Pre operative lab evaluation was within normal limit

Stitch removed after 10 days

Swelling and discharge after 20 days of surgery from left side port



Left ovary + Cyst

Serious cyst
adenoma with
presence of
Haemorrhagic
orpus luteum and
follicular cyst



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HISTORY CONTD.....

Swelling and discharge after 20 days of surgery from left side port

Multiple dressing and multiple course of antibiotics

Still persistent discharge, swelling and pain

Past history of Hypothyroidism since 3 years on tab Thyronorm 75 microgram od

Rest of her past, personal and family history was not significant

ON EXAMINATION AT OUR CLINIC

Temp : Normal; Pulse: 80/min; BP: 100/70 mm of Hg; RR:18/min

General examination was normal except presence of anemia

Abdominal examination

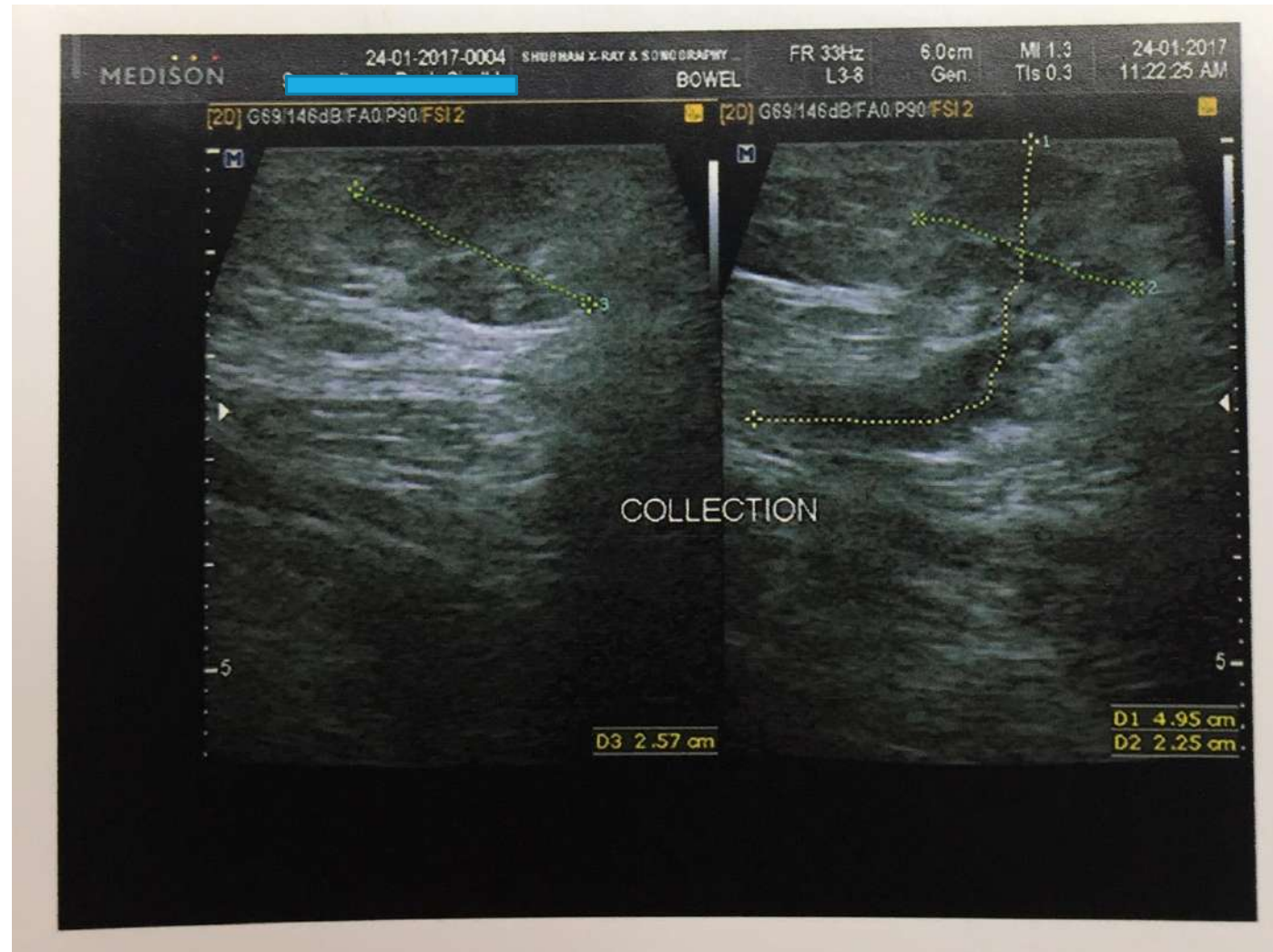
- Normal except: LIF : presence of scar with two sinus openings and watery discharge (As in pic)

Rest of her systemic examination was normal



USG LOCAL PART ON 24-01-2017

Left iliac
fossa port
incision site
inflammatory
track from
subcutaneous
to
intramuscular
region with
underlying
collection



INCISION AND DRAINAGE WAS DONE ON 26-01-2017; HPE AND MICROBIOLOGY ORDERED

Tissue for HPE: section shows stratified squamous epithelium with underlying tissue with areas of necrosis, mixed inflammatory infiltrate consist of neutrophils, lymphocytes, plasma cells and few eosinophils, few histiocytes and few foreign body giant cells with edema and vascular proliferation. No evidence of granuloma.

TISSU/PUS FOR PRIMARY STAIN – AFB ++

MICROPATH Ref By : Dr. VIPUL V SHAH - MD
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Quality to lead. Services to deliver...
(Report)

LABORATORY REPORT

Registration Date & Time : 12-Apr-2017 21:42	Sample Type : FLUID
Sample Date & Time : 12-Apr-2017 21:41	Sample Collected By : STMP/L
Report Date & Time : 13-Apr-2017 20:12	Accessioning Remarks :

TEST RESULTS

SPECIMEN FOR PRIMARY STAIN

Specimen	FLUID
Gram - Stain :	The smear shows few gram positive cocci in pairs with many pus cells.
KOH Preparation:	Fungal elements are not seen
Z.N.Stain	A.F.B DETECTED (**)
AFB By Immuno Fluorescence	A.F.B. DETECTED.(++)

TISSUE/PUS GENE XPERT : NEGATIVE

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LABORATORY REPORT

Registration Date & Time : 17-Apr-2017 14:08	Sample Type : 1
Sample Date & Time : 17-Apr-2017 14:03	Sample Collected By : STMPL
Report Date & Time : 17-Apr-2017 18:01	Accessioning Remarks : 1

TEST	RESULTS	UNIT	EXPECTED VALUES	REMARKS
	MTB/RIF Detection (Xpert Assay)			
Specimen	FLUID			
Result Of Genexpert-TB	MTB NOT DETECTED.			

Smear positive for AFB and gene xpert negative indirectly suggests NTM infection

TISSUE/PUS FOR AFB CULTURE – POSITIVE ON 6TH DAY – SUGGESTIVE OF NTM/MOTT

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LABORATORY REPORT

Registration Date & Time : 12-Apr-2017 21:41	Sample Type : FLUID
Sample Date & Time : 12-Apr-2017 21:35	Sample Collected By : STMPL
Report Date & Time : 18-Apr-2017 14:50	Accessioning Remarks :

TEST RESULTS

AFB CULTURE (BACTEC MGIT 960)

Specimen	FLUID
Z.N.Stain By Petroffs Method	AFB DETECTED(++)
AFB Primary Report	AFB Culture is Positive for NTM/MOTT on 06th Day of Incubation. (Final report)
AFB Intermediate Report	Not applicable
AFB Culture Final Report	Not applicable
Organism	A Mycobacterium other than tuberculosis complex (MOTT/NTM) [Confirmed by TB Ag MPT64 Card]
Note	Please correlate clinically.

MALDI TOF IDENTIFICATION OF NTM — *M. FARCIANOGENES*

Quality to lead. Services to deliver...
(Report)

LABORATORY REPORT

Registration Date & Time : 20-Apr-2017 12:29	Sample Type : FLUID
Sample Date & Time : 20-Apr-2017 12:23	Sample Collected By : STMPL
Report Date & Time : 21-Apr-2017 17:36	Accessioning Remarks :

TEST	RESULTS	UNIT	EXPECTED VALUES	REMARKS
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IDENTIFICATION BY MALDI TOF
(Mass Spectrometry)

Specimen	Pure growth of NTM/MOTT from MGIT tube. (Sample : Fluid)
* IDENTIFICATION BY MALDI TOF (Mass Spectrometry)	<u>Mycobacterium farcinogenes</u> identified on MALDI TOF, score :2.04)

End Of Report



**FINAL DIAGNOSIS : NTM (*M. FARCI NOGENES*)
PORT SITE INFECTION**

TREATMENT STARTED

IV Amikacin 1 gm daily

Tab clarithromycin 500 mg bd

Tab linezolid 600 mg od

Patient developed oto-toxicity due to amikacin after one month and hence stopped

Continued on clarithromycin and linezolid according to sensitivity

Patient improved and discharge stopped after one and half month

Repeat sonography shown residual track

Total duration of treatment plan : 6 to 9 months

After 2 month of
treatment :

Discharge
stopped

No inflammation
or induration

Repeat USG
suggestive of
residual sinus
track without any
collection



Before start of treatment



After two month of treatment



TAKE HOME MESSAGE

In any patient with persistent discharge from port site, in case of laproscopic surgery, one should think of Non-tuberculous (NTM) infection