

ATYPICAL MYCOBACTERIUM HORSESHOE ABSCESS OF HAND: A Case Report

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INTRODUCTION:

Mycobacterium marinum infection, although rare, is one of the commonest non-tuberculous mycobacterium infections in human. We report a case of a horseshoe abscess in hand, caused by this organism, which was successfully treated surgically, aided by systemic treatment with dual anti-tuberculous agents.

REPORT:

A 74-year-old man presented with progressive swelling of left hand, associated with multiple painless skin lesions. He had history of injury to his left thumb while cleaning aquarium 3 weeks prior to onset of symptoms. Despite multiple courses of antibiotics, the symptoms persisted.

Clinically, there was swelling of his left thumb and little finger, with a vague swelling seen at volar aspect of wrist extending to 2 cm proximal to wrist crease. Active range of motion wrist and digits were full. Neurovascular assessment was normal. Multiple skin lesions were identified at radial aspect his wrist.

Surgical intervention was planned, aimed at exploration, debridement and obtaining tissue samples and biopsy of the skin lesions. Intraoperatively, flexor tendon sheath of the digits was edematous. Tendons were healthy. Extended carpal tunnel release was performed, and median nerve found to be flattened. All flexor tendon sheaths were grossly inflamed but tendons were healthy. Epimysium of pronator quadratus were edematous. The involved flexor tendon sheaths were debrided, whilst preserving the paratenon. All intraoperative tissue samples sent revealed non-tuberculous mycobacterium

species, confirmed to be *Mycobacterium marinum*.

Anti-Tuberculous treatment regime was initiated, involving Clarithromycin and Ethambutol for total of 8 weeks. Within 2 weeks of treatment, he showed good clinical response.



Figure 1: Cutaneous lesions at radial aspect of wrist and volar aspect of left forearm.

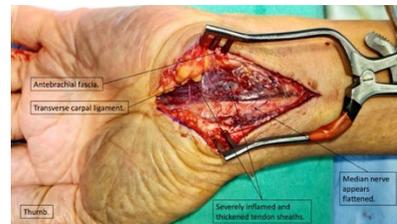


Figure 2: Flexor tendon sheaths were inflamed and thickened, median nerve was flattened.

CONCLUSION:

Mycobacterium marinum infection is rare but early diagnosis is very important to start early, targeted treatment. It should be considered in a patient with poor healing wound or no clinical improvement despite conventional anti-bacterial treatment, especially in patients with a history of aquatic exposure.

REFERENCES:

1. Bhatti MA, Turner DP, Chamberlain ST. *Mycobacterium marinum* hand infection: case reports and review of literature. BrJPlastSurg.2000 Mar;53(2):161-5