Disseminated nontuberculous mycobacteriosis in a patient with acquired immunodeficiency syndrome – a case report
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SUMMARY
The Mycobacterium avium complex (MAC) is the most widespread among the nontuberculous mycobacteriosis and can occur in many natural reservoirs. The infection most commonly occurs by inhalation or drinking water. MAC causes isolated pulmonary disease or disseminated infection, the latter is more frequent in patients with HIV immunosuppression. Systematic symptoms typical for disseminated MAC infection include fever, night sweats, weight loss, diarrhea, abdominal pain, hepatosplenomegaly, lymphadenopathy, respiratory symptoms and abnormal laboratory values. The final diagnosis is established by MaC culture from a sterile site, most often from blood. Preferred regimen of MAC infection includes clarithromycin, azithromycin, rifabutin, ethambutol, levofloxacin, and amikacin for at least 12 months. Chemoprophylaxis with clarithromycin or azithromycin is recommended for patients with HIV with a CD4 count less than 50 cells/mm3.

We report a case of a 32 year-old Vietnamese male with acquired immunodeficiency syndrome and disseminated MAC infection resistant for majority of antimycobacterial agents.

Key words: disseminated MAC infection; HIV infection; antimycobacterial treatment; chemoprophylaxis; resistance