

Mycobacterium scrofulaceum Bacterium and Its Impact on Human Health

Macroni Laco^{*}

Department of Surgery, University of California, Irvine, USA

DESCRIPTION

Mycobacterium scrofulaceum is a slow-growing, Non-Tuberculous Mycobacterium (NTM) that belongs to the Mycobacterium avium Complex (MAC). It is widely distributed in the environment and can cause various infections in humans, especially those with compromised immune systems. In this article, we will explore the characteristics of Mycobacterium scrofulaceum, its prevalence, transmission, clinical manifestations, diagnosis, and treatment.

Characteristics and prevalence

Mycobacterium scrofulaceum is a slender, rod-shaped bacterium that is classified as a photochromogen, meaning it produces a yellow-orange pigment when exposed to light. It is characterized by its slow growth rate, typically taking two to four weeks for visible colonies to appear on culture media. The bacterium is commonly found in water sources, soil, and dust, making it an environmental organism. Although it is less common than other NTM species, such as Mycobacterium avium and Mycobacterium intra cellular, Mycobacterium scrofulaceum infections have been reported worldwide.

Transmission

The exact route of transmission for Mycobacterium scrofulaceum is not fully understood. However, it is believed to occur through the inhalation or ingestion of contaminated water or soil. It can also be acquired through direct contact with infected animals, especially birds, which serve as potential reservoirs for the bacterium. In some cases, person-to-person transmission has been reported, particularly in healthcare settings.

Clinical manifestations

Mycobacterium scrofulaceum can cause various clinical manifestations, depending on the site of infection and the host's immune status. The most common form of infection is cervical lymphadenitis, also known as scrofula. It typically affects children and young adults and presents as painless, enlarged lymph nodes in the neck. Other manifestations include pulmonary infections, skin and soft tissue infections, disseminated infections, and rarely, bone and joint infections.

Diagnosis

Diagnosing Mycobacterium scrofulaceum infections can be challenging due to its slow growth and similarities with other NTM species. Laboratory diagnosis involves obtaining clinical samples, such as lymph node aspirates, sputum, or tissue biopsies, and subjecting them to culture and molecular testing. Acid-fast staining can provide an initial clue, but definitive identification requires specialized techniques, such as nucleic acid amplification, DNA sequencing, or high-performance liquid chromatography.

Treatment

Treatment of *Mycobacterium scrofulaceum* infections typically involves a combination of antimicrobial drugs. However, due to the bacterium's inherent resistance to certain antibiotics, selecting appropriate therapy can be complex. Susceptibility testing is essential to guide treatment decisions. The most commonly used drugs include macrolides (e.g., clarithromycin), rifamycins (e.g., rifampin), ethambutol, and fluoroquinolones. Treatment duration varies depending on the site and severity of the infection, but it often lasts for several months to a year.

Prevention and control

Preventing Mycobacterium scrofulaceum infections primarily involves minimizing exposure to contaminated water, soil, and animals. Individuals at high risk, such as those with weakened immune systems, should take precautions, such as avoiding contact with stagnant water, using appropriate filtration systems for drinking water, and practicing good hygiene, including regular hand washing. In healthcare settings, strict adherence to infection control measures, including proper sterilization of instruments, can help prevent transmission.

CONCLUSION

Mycobacterium scrofulaceum is an important member of the Mycobacterium avium complex that can cause infections in humans. While less common than other non-tuberculous mycobacteria, it has a significant impact, particularly on individuals with compromised immune systems. The bacterium

Correspondence to: Macroni Laco, Department of Surgery, University of California, Irvine, USA, E-mail: macronilaco@edu

Received: 01-May-2023, Manuscript No. MDTL-23-24888; Editor assigned: 03-May-2023, Pre QC No. MDTL-23-24888(PQ); Reviewed: 17-May-2023, QC No. MDTL-23-24888; Revised: 24-May-2023, Manuscript No. MDTL-23-24888 (R); Published: 31-May-2023, DOI: 10.35248/2161-1068.23.13.352.

Citation: Laco M (2023) Mycobacterium scrofulaceum Bacterium and Its Impact on Human Health. Mycobact Dis. 13:352.

Copyright: © 2023 Laco M. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Laco M

is widely distributed in the environment, primarily in water, soil, and dust. Understanding the characteristics, transmission routes, clinical manifestations, diagnosis, and treatment options for Mycobacterium scrofulaceum is crucial for effective management of infections.