Clinical Manifestations Involved in Mycobacterium malmoense Infection

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DESCRIPTION

Mycobacterium malmoense is a slow-growing, acid-fast bacterium that belongs to the Mycobacterium avium Complex (MAC). Initially identified in Malmo, Sweden, in the early 1970s, this atypical Mycobacterium has since emerged as an important human pathogen worldwide. Mycobacterium malmoense infections primarily affect the respiratory system, causing a range of symptoms that can mimic tuberculosis. Despite its prevalence and clinical significance, Mycobacterium malmoense remains relatively understudied compared to its more notorious cousin, Mycobacterium tuberculosis. This article delves into the characteristics, clinical manifestations, diagnosis, and treatment options for Mycobacterium malmoense infections, shedding light on the importance of recognizing and addressing this persistent pathogen.

Characteristics of Mycobacterium malmoense

Mycobacterium simiae is a Non-Tuberculous Mycobacterium (NTM) species, meaning it is distinct from the Mycobacterium tuberculosis complex responsible for causing tuberculosis. It is an acid-fast bacillus with a unique cell wall structure, composed of complex lipids such as mycolic acids. These lipids contribute to the bacterium's resistance to environmental stresses, disinfectants, and antibiotics, making Mycobacterium simiae a formidable adversary.

Clinical manifestations

Respiratory infections: The primary route of transmission for *Mycobacterium malmoense* is inhalation of contaminated aerosols. Once inhaled, the bacteria can cause various respiratory tract infections, ranging from bronchitis to severe pneumonia. The symptoms often include chronic cough, fatigue, weight loss, night sweats, and occasionally hemoptysis. The resemblance of these symptoms to tuberculosis can lead to misdiagnosis or delayed diagnosis, emphasizing the need for accurate laboratory testing.

Skin and soft tissue infections: While less common than respiratory infections, Mycobacterium malmoense can also cause

skin and soft tissue infections. These infections may manifest as nodules, abscesses, or chronic ulcers. Immuno compromised individuals are at higher risk for developing disseminated infections, where the bacterium can spread beyond the initial site of infection to other organs and tissues.

Diagnosis

Diagnosing Mycobacterium malmoense infections requires a comprehensive approach that combines clinical evaluation, radiological imaging, and laboratory testing.

Clinical evaluation: Thorough assessment of the patient's medical history, including risk factors such as immunosuppression or exposure to environmental sources, is crucial for suspecting *Mycobacterium malmoense* as the causative agent. Detailed evaluation of respiratory symptoms and physical examination findings can aid in differentiating NTM infections from other respiratory conditions.

Radiological imaging: Chest X-rays and Computed Tomography (CT) scans are valuable tools for identifying abnormalities in the lungs, such as cavities, nodules, or infiltrates. Radiological findings, combined with clinical suspicion, can guide further diagnostic steps.

Laboratory testing: Sputum cultures, Bronchoalveolar Lavage (BAL), or tissue biopsies are commonly used to isolate and identify Mycobacterium malmoense. These specimens are subjected to acid-fast staining and subsequent culture on specialized growth media. Molecular techniques, such as Polymerase Chain Reaction (PCR), can provide rapid and accurate identification of the bacterium, aiding in early diagnosis.

Treatment options

The management of Mycobacterium malmoense infections often involves a combination of antimicrobial therapy, lifestyle modifications, and close monitoring of the patient's response to treatment. Susceptibility testing helps determine the most effective antibiotics against the bacterium, allowing for targeted therapy. Adherence to the prescribed treatment regimen and regular follow-up visits are vital to ensure successful outcomes.

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Received: 01-May-2023, Manuscript No. MDTL-23-24886; Editor assigned: 03-May-2023, Pre QC No. MDTL-23-24886(PQ); Reviewed: 17-May-2023, QC No. MDTL-23-24886; Revised: 24-May-2023, Manuscript No. MDTL-23-24886(R); Published: 31-May-2023, DOI: 10.35248/2161-1068.23.13.354.

Citation: Gunasingam N (2023) Clinical Manifestations Involved in Mycobacterium malmoense Infection. Mycobact Dis. 13:354.

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CONCLUSION

Mycobacterium malmoense is an important and persistent pathogen that demands attention from the medical community. Its ability to cause respiratory tract infections and skin and soft tissue infections, along with its resemblance to tuberculosis,

highlights the significance of accurate diagnosis and prompt treatment. Although relatively understudied compared to Mycobacterium tuberculosis, awareness of Mycobacterium malmoense is crucial for healthcare professionals to ensure appropriate management of infections and prevent potential complications.