

77 year old female presents with
persistent cough, shortness of
breath, weight loss, and anorexia

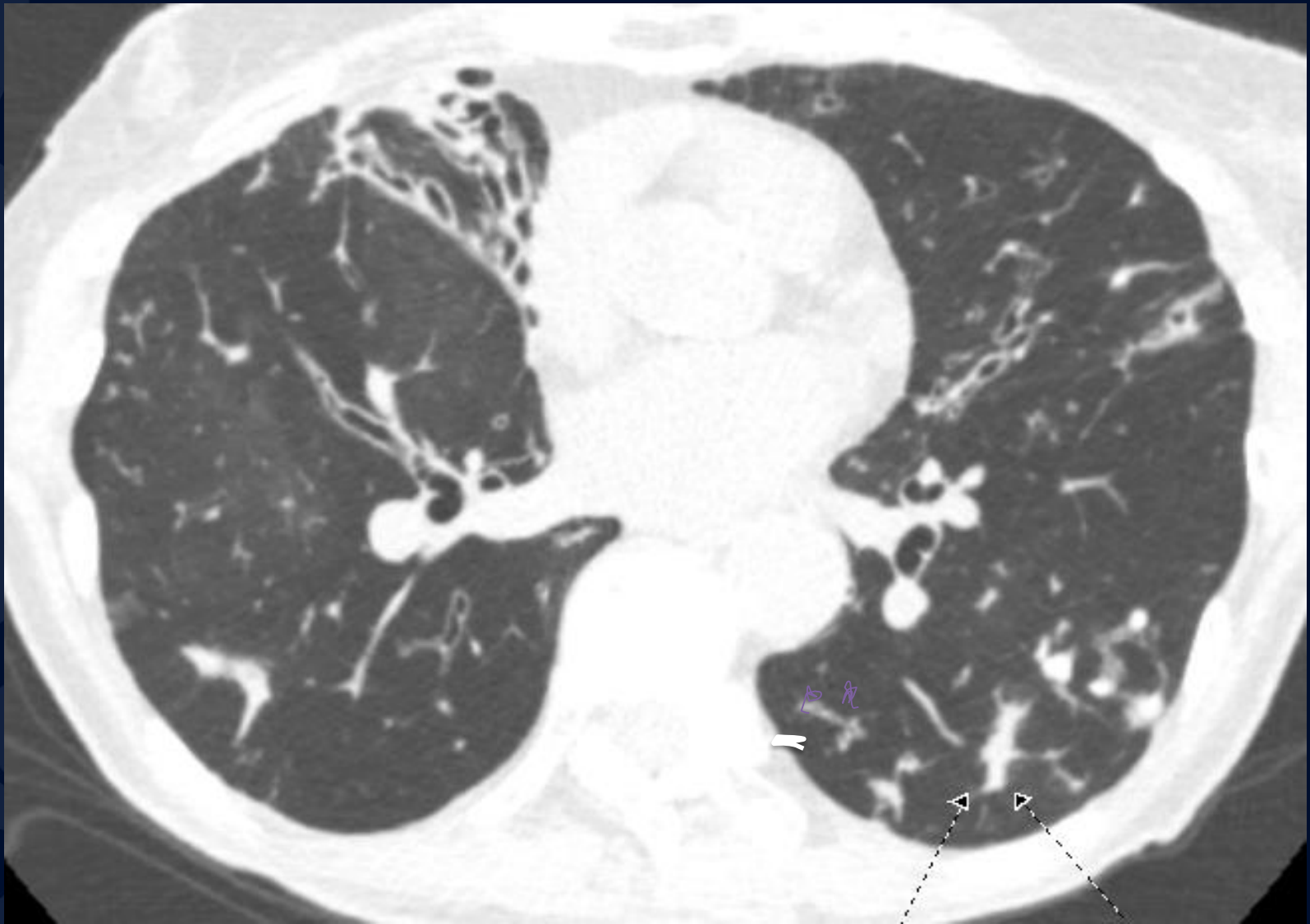
Lyubina Yankova, MS
Aladdin Tarakji, M.D.

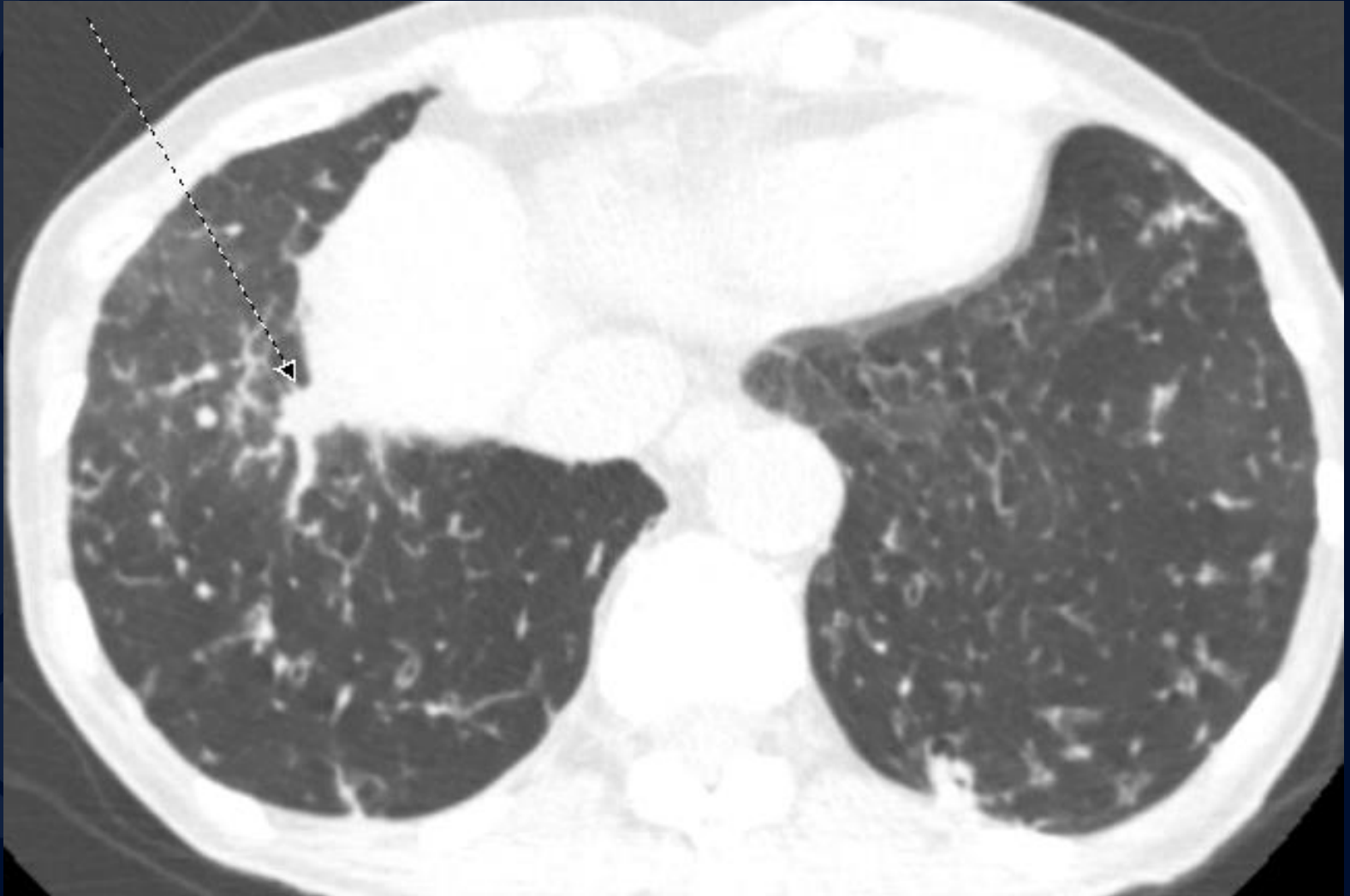
History of Present Illness

PMH of recurrent MAC, bronchiectasis, breast cancer, afib, HTN, HLD, CAD, COPD

Patient coming in now with worsening shortness of breath, persistent cough, weight loss, and anorexia

Exam: Diffuse crackles on lung exam

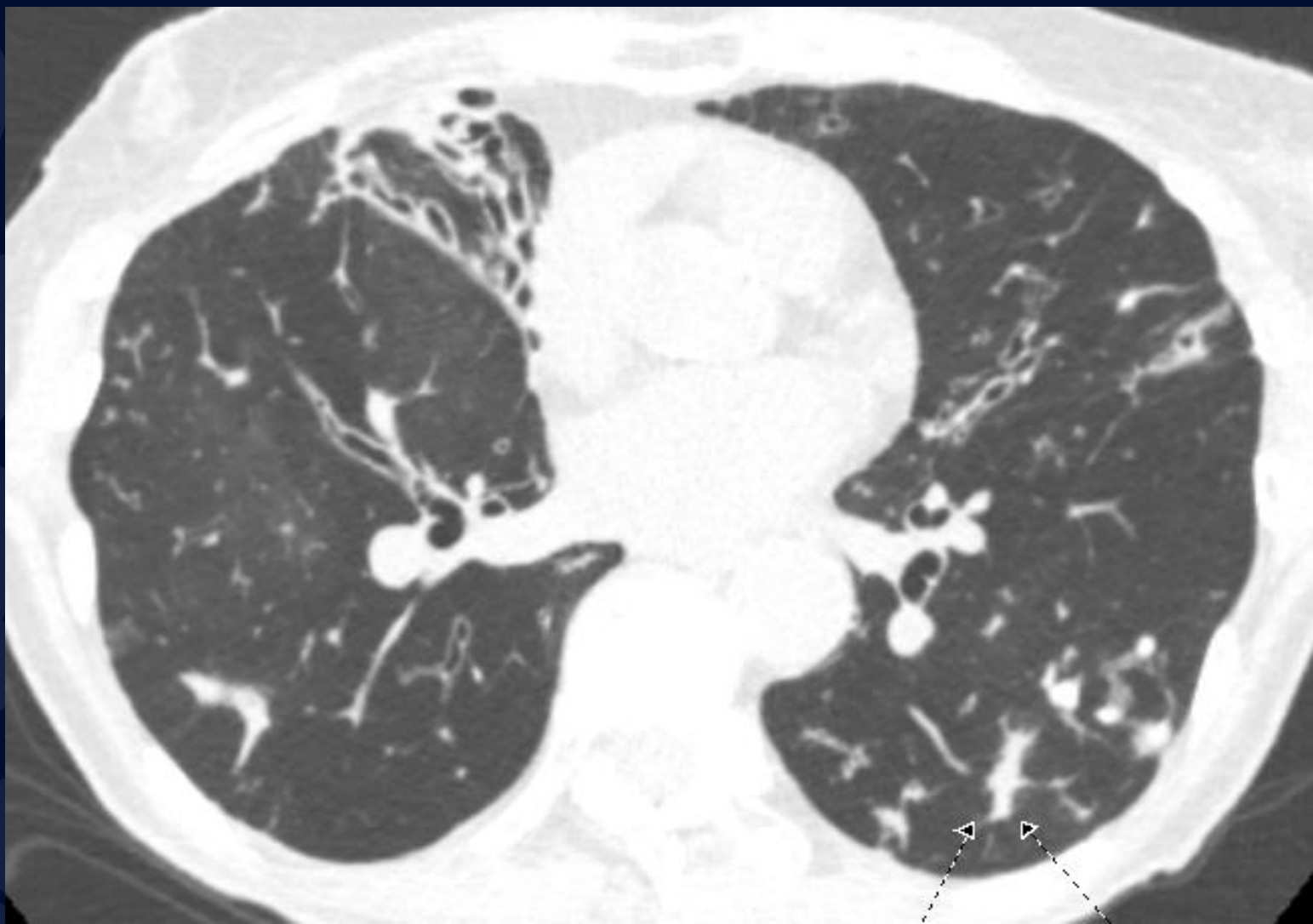




A large, stylized oak leaf graphic in a dark blue color, positioned on the left side of the slide. The leaf has a prominent central vein and several smaller veins branching off it. The edges of the leaf are slightly wavy.

?

New inflammatory nodules from recurrent *Mycobacterium avium*



New inflammatory nodules
in the left lower lobe



New inflammatory nodules
in the right lobe

Diagnosis

- Mycobacterium avium pulmonary infection
- Likely from municipal water sources
- Symptoms: cough, fatigue, weakness, malaise, dyspnea, chest discomfort, hemoptysis, fever, weight loss (but less severe than TB)
- Usually occurs in concurrence with existing lung conditions such as COPD or bronchiectasis
- Radiologically looks like TB with upper lobe infiltrates and cavitary lesions
- Clinical AND microbiological criteria required for diagnosis:
 - Clinical: 1. pulm sx, or cavitary or nodular opacities on CT or multiple nodules with multiple locations of bronchiectasis, AND 2. other dx excluded
 - Microbiological: positive culture or histopathologic features

References

1. Prince DS, Peterson DD, Steiner RM, Gottlieb JE, Scott R, Israel HL, Figueroa WG, Fish JE. *Infection with Mycobacterium avium complex in patients without predisposing conditions.* N Engl J Med. 1989;321(13):863.
2. Teirstein AS, Damsker B, Kirschner PA, Krellenstein DJ, Robinson B, Chuang MT . *Pulmonary infection with Mycobacterium avium-intracellulare: diagnosis, clinical patterns, treatment.* Mt Sinai J Med. 1990;57(4):209.
3. Yankova L, Tarakji A, Mycobacterium avium. Radiology Online. (2019)