A Rare Case of Severe Recurrent Hemoptysis, Gastropulmonar Fistula Associated with Mycobacterium abscessus Infection: A Case Report

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Introduction

Gastropulmonar fistulas are an extremely rare entity that has gained interest nowadays due to its association with bariatric surgery. Infection by Mycobacterium abscessus is also a rare entity that needs specific conditions in order to present in humans. We describe the case of a patient with history of multiple gunshot injuries in thorax and abdomen that resolve after various interventions. Years after present recurrent hemoptysis, left hemithorax infiltrates and positive BK persist even though antiTB treatment, who is submitted to our institution for evaluation and treatment. The multidisciplinary evaluation, the proper practice of a complete clinical history and the analysis of the endoscopic data and images, provided the clue for the adequate treatment in this case.

Methods

We review the Clinical History data

Case Report

43 year old man who is admitted in October/2014 with a history of cough, bloody sputum, weigh loss, fever, positive BK and antiTB treatment without improvement of clinical symptoms and BK persistence after 4 months of treatment, a thorax x-ray that showed a cavitated lesion at the base of the left hemithorax. The patient had a history of gunshot injuries three years before treated with intestinal resection, splenectomy and open abdomen for several months; besides empyema, decorticagion with rib resection and closure by secondary intention, also after various months. His symptoms included cough with abundant acid sputum. Initially a fast-growing Mycobacterium abscessus was found in the cavitated lesion of the left inferior lobule, the additional imaging and endoscopic studies detected a gastro-pulmonary-bronchial fistula that fed the described lesion of the left lung, surgery was performed finding a fibrotic thorax very difficult to approach, an initial non-anatomic resection was done for blood control, subsequently antibiotic treatment and modified antiTB treatment, enteral feeding and 12 months after completed surgery and closure of the fistula.

Discussion

The presence of devitalized tissue and structural alterations in thorax were the possible predisposing factors for Mycobacterium Abscessus infection in this case, the presence of chronic inflammation and the vascular abnormalities after the previous surgeries contributed to the fistula formation and the severe recurrent bleeding. This is the first described case of this association.

Bibliography