Clinical Images

Gluteal Augmentation-Associated Mycobacterial Infection

Trisha Satya Pasricha, MD and Reza Manesh, MD

Department of Medicine, The Johns Hopkins Hospital Baltimore, MD, USA.

KEY WORDS: clinical images; infectious diseases; dermatology; consumer health.

J Gen Intern Med 33(4):573–4

DOI: 10.1007/s11606-018-4308-y

© Society of General Internal Medicine 2018

A 27-year-old woman presented with fatigue and painful lesions on her buttocks. Two months previously, she had undergone gluteal augmentation via autologous fat grafting, also known as a “Brazilian butt lift.” In this technique, fat is aspirated from the abdomen, flanks and thighs, then injected into the buttocks. Cultures from deep tissue biopsy grew *Escherichia coli* and *Corynebacterium amycolatum*. She was treated with a course of antibiotics. Three weeks later, her cultures grew *Mycobacterium abscessus*. On readmission, she was febrile to 38.8 °C, with a leukocyte count of 18,100/mm³ (86% neutrophils). The buttocks were indurated by multiple palpable nodules with purulent drainage (Fig. 1). Contrast-enhanced computed tomography demonstrated

innumerable sub-centimeter, fluid-filled cysts with fat stranding in the gluteal soft tissue (Fig. 2). She was started on intravenous amikacin and imipenem, with resolution of her fever and tenderness within a week.

Infection from rapidly growing nontuberculous mycobacteria has been associated with cosmetic surgery from inadequately sterilized equipment. There is a period of disease latency of several weeks,^{1–6} typically followed by pain at the surgical site. The diagnostic gold standard is a positive culture on specific media. Long-term combination intravenous antibiotics and surgical debridement may be required to achieve source control.

Figure 1 Photograph of diffuse painful, purulent nodules (arrow) on patient's buttocks upon presentation.

Figure 2 Contrast-enhanced computed tomography scan demonstrating innumerable sub-centimeter, soft-tissue, fluid-filled cysts with associated fat stranding (arrow).

Received October 17, 2017

Revised November 16, 2017

Accepted January 4, 2018

Published online January 16, 2018

Corresponding Author: Trisha Satya Pasricha, MD; Department of Medicine, The Johns Hopkins Hospital Baltimore, MD, USA (e-mail: pasricha@jhmi.edu).

Compliance with Ethical Standards:

Conflict of Interest: The authors declare that they do not have a conflict of interest.

REFERENCES

1. **Furuya EY, Paez A, Srinivasan A, et al.** Outbreak of *Mycobacterium abscessus* wound infections among "lipotourists" from the United States who underwent abdominoplasty in the Dominican Republic. *Clin Infect Dis.* 2008;46:1181–8.
2. **Tang P, Walsh S, Murray C, et al.** Outbreak of acupuncture-associated cutaneous *Mycobacterium abscessus* infections. *J Cutan Med Surg.* 2006;10:166–9.
3. **Dytoc MT, Honish L, Shandro C, et al.** Clinical, microbiological, and epidemiological findings of an outbreak of *Mycobacterium abscessus* hand-and-foot disease. *Diagn Microbiol Infect Dis.* 2005;53:39–45.
4. **Camargo D, Saad C, Ruiz F, et al.** Iatrogenic outbreak of *M. chelonae* skin abscesses. *Epidemiol Infect.* 1996;117:113–9.
5. **Winthrop KL, Abrams M, Yakrus M, et al.** An outbreak of *Mycobacterial furunculosis* associated with footbaths at a nail salon. *N Engl J Med.* 2002;346:1366–71.
6. **Green D, Whittier S, Greendyke W, et al.** Outbreak of rapidly growing nontuberculosis mycobacteria among patients undergoing cosmetic surgery in the Dominican Republic. *Ann Plast Surg* 2017;78:17–21.