LETTERS TO THE EDITOR

Disseminated Tuberculosis Due to Mycobacterium africanum

To the Editor: The Mycobacterium tuberculosis complex includes the species M. tuberculosis, M. bovis, M. africanum, M. microti and M. canetti. While M. africanum is the cause of more than 60% of pulmonary tuberculosis cases in central Africa, it is rare in the European context.1-3 It has rarely been isolated in Spain and in most such cases it has been found in immigrants or in Spaniards who have traveled to Africa.1,2 The patient in the present case had taken part in armed conflict in North Africa and had worked on a cargo ship, where he may have been infected. In the epidemiological study of his contacts no further cases were detected.

Signs and symptoms caused by M. africanum are indistinguishable from those produced by any other mycobacterium of the M. tuberculosis complex.1,3,4 Precise identification is of some interest from an epidemiological standpoint, given that it allows the detection of strains and outbreaks and the application of the most appropriate control measures. Disseminated tuberculosis caused by this mycobacterium is rare in Spain, and although we were unable to isolate it from urine, the combination of acid-fast bacteria smear tests, clinical presentation, and the patient’s progress indicate dissemination in this particular case.

In conclusion, we wish to highlight the need for proper identification of this species and call attention to the ability of M. africanum to cause disseminated infections.

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Fig. 1. Chest x-ray showing cavitated pulmonary infiltrate in the lower left lobe.