

AB157. 155. Case study: the effective treatment of a rare atypical mycobacterium species wound infection arising from a sub-pectoral silicone breast implant

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Background: A 43-year-old Brazilian lady was referred to the Surgical Assessment Unit by her general practitioner (GP) approximately eight weeks post bilateral mastopexy with subpectoral silicone implants in Brazil. Her primary complaint was that of tenderness and significant ooze from an ulcerated area on the lower aspect of the left breast wound site. Initial management involved culture swabs and an ultrasound (US) of the area which determined that there was no drainable collection at that time. She was subsequently placed on oral Co-amoxiclav. However, she failed to improve which ultimately resulted in the surgical explanation of both implants. Interestingly, initial fluid

culture from the left breast implant was positive for a rare Mycobacteria species namely *Mycobacterium avium complex* (MAC). This is a non-tuberculosis mycobacterium that is often found in Immunocompromised patients, which our patient was not. It is a very slow growing species with uncertainty surrounding its treatment, some studies suggest up to twelve months antibiotic therapy.

Methods: Following consultation with Microbiology she was placed on a course of Clarithromycin and she underwent regular assessment by tissue viability (TV) for wound healing by secondary intention. Her course of clarithromycin was subsequently terminated following further discussion with Microbiology, this was due to concern regarding the possible development of resistance.

Results: She continued to have regular wound review and packing by TV which resulted in total resolution of the infection.

Conclusions: Basic surgical wound management principles may be just as effective in the treatment of infection by Mycobacterium Avium as prolonged antibiotic intervention. **Keywords:** Mastopexy; mycobacterium avium; tissue viability (TV); basic principles

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