



## CLINICAL IMAGE

# *Mycobacterium abscessus* Lung Infection Mimicking Lady Windermere Syndrome

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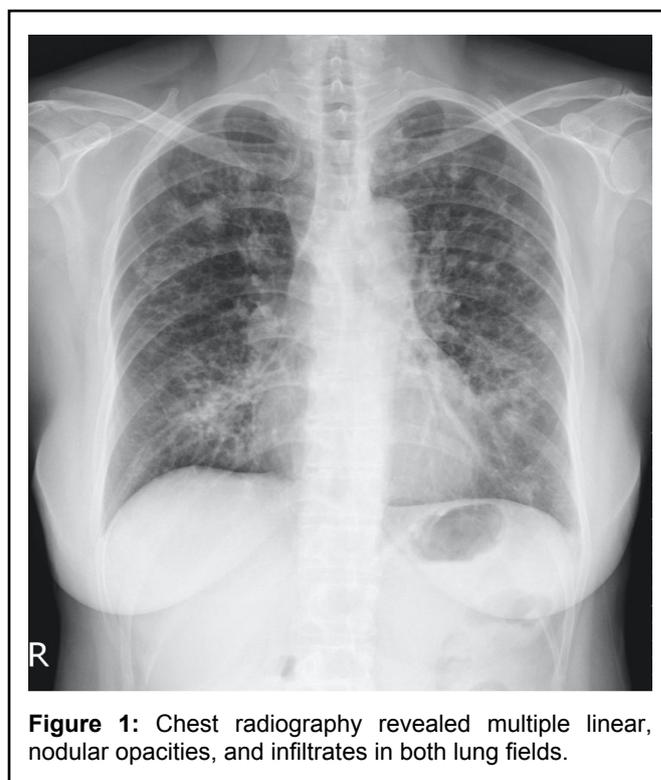


A 60-year-old non-smoking, slender woman without significant medical history presented with a 6-month history of intermittent low-grade fever, dyspnea, and productive cough with greenish sputum. Physical examination revealed crackles in both lung fields. Laboratory tests showed a white cell count of 21,700/ $\mu$ L (reference range 3,200 to 9,200). Chest radiography revealed multiple linear, nodular opacities, and infiltrates in both lung fields (Figure 1). Computed tomography illustrated nodular bronchiectasis in the right middle lobe (RML) and the left lingula (Figure 2).

Acid-fast bacilli were identified in three expectorated sputum specimens, initially raising suspicion of Lady Windermere syndrome caused by *Mycobacterium avium* complex (MAC), given patient's clinical and imaging features. However, *Mycobacterium abscessus*, a rapidly growing nontuberculous mycobacteria (NTM) species, was subsequently identified in sputum cultures after one week.

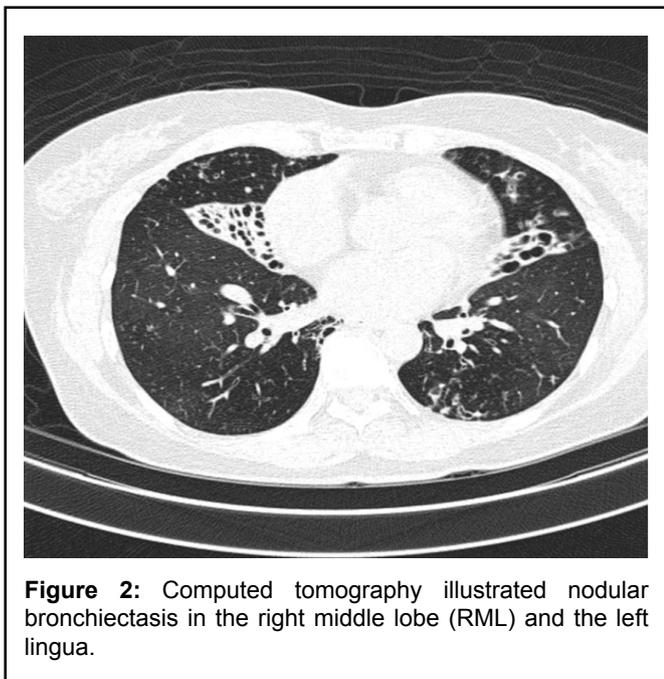
Treatment involved an eight-week course of amikacin, imipenem, clarithromycin, and clofazimine based on drugs susceptibility testing, followed by maintenance therapy with oral linezolid, clarithromycin, and clofazimine. Subsequent monthly sputum cultures remained positive, despite significant symptom improvement. Unfortunately, she was lost to follow-up after 6 months.

*Mycobacterium abscessus* infection may exhibit similarities to Lady Windermere syndrome (LWS), as



**Figure 1:** Chest radiography revealed multiple linear, nodular opacities, and infiltrates in both lung fields.

both conditions may appear in nonsmoking, slender, postmenopausal women without preexisting lung disease, exhibiting imaging features of bronchiectasis or opacities in the RML or lingula [1]. However, *Mycobacterium abscessus*, being a rapidly growing NTM species, differs from LWS, which is caused by MAC, a slow-growing NTM species. Both species are



typically contracted through environmental exposure rather than person-to-person transmission [2]. While *Mycobacterium abscessus* infection frequently

causes pulmonary infections and can affect various body parts, LWS specifically manifests as pulmonary infections. Antibiotic susceptibility testing is important for guiding the selection of appropriate antibiotics for both *Mycobacterium abscessus* and MAC pulmonary infections, given the intrinsic antibiotic resistance of the bacteria [3].

### Source of Support/Conflict of Interest

All authors have no source of support or conflict of interest to declare.

### References

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