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Image in rheumatology

Cutaneous *Mycobacterium chelonae* infection in a patient with rheumatoid arthritis treated with glucocorticoids



Mervyn Mungroo^a, Etienne Ojardias^a, Adamah Amouzougan^a, Karima Boussoualim^a, Thierry Thomas^{a,b}, Hubert Marotte^{a,b,c,*}

^a Department of rheumatology, North hospital, university hospital of Saint-Étienne, avenue Albert-Raimond, 42270 Saint-Priest-en-Jarez, France

^b SAINBIOSE, Inserm U1059, university of Lyon, 42023 Saint-Étienne, France

^c CIC Inserm U1408, university of Lyon, 42023 Saint-Étienne, France

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Clinical aspect of cutaneous *Mycobacterium chelonae* infection in a 74-year-old female seronegative rheumatoid arthritis patient since 1988 treated with methylprednisolone (25 mg daily). Other relevant pathologies were type 2 diabetes, remitted non-Hodgkin lymphoma, and hypothyroidism. Physical examination revealed erythematous subcutaneous nodules, localized on her right arm, gradually spreading over a few months (Fig. 1). No clinical or biological inflammation was reported. Cutaneous *M. chelonae* skin infection was confirmed by histology analysis and Lowenstein–Jensen culture. Skin lesions resolved after 9 months of clarithromycin and levofloxacin. Leflunomide was started 3 months after antibiotic beginning and rituximab at the skin lesion resolution.



Fig. 1.

* Corresponding author at: Department of rheumatology, North hospital, university hospital of Saint-Étienne, avenue Albert-Raimond, 42270 Saint-Priest-en-Jarez, France.

E-mail address: hubert.marotte@chu-st-etienne.fr (H. Marotte).