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Mycobacterium marinum에 의한 건초염의 1예

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Mycobacterium marinum causes skin infection, tenosynovitis, arthritis, and a sometimes (though rarely) severe disseminated infection in immunocompromised patients. *M. marinum* infection is usually associated with exposure to contaminated water or direct injury from fish fins or bites. In general, *M. marinum* infections follow an indolent course limited to upper extremities. In areas where tuberculosis is endemic, such as Korea, a differential diagnosis of *M. marinum* infection might be difficult. A 48-year-old man with erythematous swelling and nodules on his right hand that had been present for 3 months was referred by his general physician. He had incurred a small wound while cutting fish 5 months ago. MR imaging showed diffuse cellulitis and tenosynovitis in his hands. An excisional biopsy showed chronic non-specific inflammation and a Ziel-Nelsen stain was negative. Cultures from tissue specimen and synovial fluid revealed slowly growing yellowish colonies on Lowenstein-Jensen media, which was identified as *M. marinum* by biochemical tests and polymerase chain reaction with restriction fragment length polymorphism. The patient was successfully treated with rifampicin, ethambutol, and clarithromycin for 12 months.

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Pyogenic Spondylitis with Spinal Epidural Abscess Caused by *Streptococcus constellatus*

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Introduction: *Streptococcus intermedius*, *S. anginosus*, and *S. constellatus* are included in the *Streptococcus milleri* group (SMG). Because many phenotypic tests for the characterization of these species yield similar results, identification of isolates can be difficult. Although SMG are commensal organisms of upper airway, mouth, gastrointestinal tract, and urogenital tracts, they can become pathogenic and lead to an infection to the surrounding or distant sites after mucosal disruption caused by trauma. These species share a common denominator in the clinical setting: marked tendency to cause abscess formation and frequent mixed infections with anaerobes. Osteomyelitis and spondylitis caused by SMG is very uncommon. In a literature review, some cases of osteomyelitis induced by the SMG were found. In case of *S. constellatus*, this is the second reported case of pyogenic spondylitis with epidural abscess and the first reported case in Korea. **Case:** A 49-year-old man, who had been suffered from chronic periodontitis, was admitted to hospital with fever, chill and lower back pain of 7 days duration. On the day of admission, he had a fever of 38.5°C with leukocytosis. There was no neurologic deficit of lower extrimities. Bone scan showed increased uptake in the L4 and L5 spine and lumbar spine MRI findings were compatible with pyogenic spondylitis and epidural abscess. Two consecutive blood cultures yielded *S. constellatus* sensitive to penicillin. Decompression and posterior fusion were performed, since 4 weeks of penicillin treatment had failed to improve the lower back pain. His lower back pain improved gradually after the operation. Three months after initial presentation, the patient was ambulatory without a walker and discharged. **Conclusion :** The patient described in this report represents the first report of *S. constellatus* pyogenic spondylitis with epidural abscess in Korea. Pyogenic spondylitis caused by SMG is rare, but should be taken into consideration in case with back pain, especially with dental problems