

38th

Annual Congress
of the European Society
of Mycobacteriology



25th – 28th June 2017
Šibenik, Croatia

Scientific Program including Abstracts



(68.88%) were *Mycobacterium fortuitum* and 2/45 (4.44%) were identified as *Mycobacterium mucogenicum*. Finally, clinical relevance was attributed to 7 isolates of *M. abscessus* obtained from 4 patients based on guidelines for clinical relevance of NTM provided by the American Thoracic Society (ATS). Similarly, one isolate of *M. fortuitum* from a single patient and 2 isolates of *M. mucogenicum* from the same patient were found to be clinically relevant. All the isolates were susceptible to linezolid. Resistance to amikacin and clarithromycin was observed in (1/6) (16.66%) isolate each. Resistance to clofazamine was seen in 2/6 (33.33%) isolates. Maximum resistance was observed for doxycycline, sulphamethoxazole, tetracycline and fluoroquinolones.

Though clinical relevance was attributed to only 10 RGM isolated from 6 patients, the study highlights the importance of identifying this group of organisms. Resistance to mostly available drugs make RGM, especially *M. abscessus*, a difficult-to-treat entity.

P 146

Retrospective Evaluation of 11 Patients with Bone and Joint Tuberculosis in Mersin, Turkey

Gönül Aslan¹, Nurbanu Kurnaz¹, Mahmut Ulger², Didem Özgür¹, Seda Tezcan¹, Sermin Tok³, Nuran Delialioğlu¹, Iclal Gurses⁴

¹*Faculty of Medicine, Department of Medical Microbiology, Mersin University, Turkey*

²*Faculty of Pharmacy, Department of Pharmaceutical Microbiology, Mersin University, Turkey*

³*Faculty of Medicine, Department of Pathology, Mersin University, Turkey*

⁴*Faculty of Medicine, Department of Radiology, Mersin University, Turkey*

Objective: Tuberculosis (TB), caused by *Mycobacterium tuberculosis* complex (MTC), is a granulomatous infection and can be localized in pulmonary and extrapulmonary sites. Of the all TB cases, 1-3% and of the extrapulmonary TB cases, 10-11% are located in bone and joint tissues. In this study, it was aimed to retrospectively evaluate the cases of MTC isolated, were sent with suspected bone and joint TB to the Medical Microbiology Laboratory of Mersin University, Faculty of Medicine.

Materials and Methods: Between January 2005 and December 2016, 220 patients samples with suspected bone and joint TB, were examined retrospectively. Patients with EZN and / or culture positivity were included in the study group. Additionally, the patients demographic characteristics, pathological and radiological

findings, microbiologic and drug sensitivity tests results were evaluated.

Results: The MTC positivity was detected by EZN and/or culture in 11 of 220 cases with suspected bone-joint TB. The average age of patients was 27.8 (min-max: 2-64). In one case, only the EZN positivity was detected, and MTC was detected by MGIT/LJ cultures in 10 cases. Of the culture positive 10 samples, ARB positivity was detected in 6 samples. Additionally, of the culture positive isolates, one isolate was resistant to INH. Moreover, It was found that all of the cases had pain and / or movement limitation, trauma in two cases, contact story with TB in one case. Chronic granulomatous inflammations characterized with caseification necrosis were detected in 3 cases. It is evaluated that the radiological findings of the cases were accordance with TB.

Conclusion: In the light of these findings, bone-joint TB might be a important reason of chronic bone-joint pains and movement limitations. We suggest that the isolation of the bacillus and determination of anti-TB drug resistance pattern with clinical findings, radiological and histopathological methods is important for the diagnose.