Nocardiosis in AIDS - An Unusual Presentation

A 40 year gentleman presented with history of retrosternal chest pain radiating to back with swelling in upper back for last 2 months associated with low grade fever for last 1 month. In 2001 he had cryptococcal meningitis and was detected HIV positive. On examination he had fullness with tenderness localized to left paraspinal region at 3rd and 4th dorsal vertebral level. MRI showed pus collection at left 3rd and 4th rib posteriorly along with paravertebral collection with extension into epidural space. CT guided FNAC showed nocardia on microscopic pus examination and confirmed by culture.

Nocardiosis is a bacterial disease that occurs mostly in immunocompromised patients. It is an unusual infection among HIV infected patients. The diagnosis should be considered in patients with CD4 T cell count < 250 µl/L. Pneumonia is by far the most common presentation of nocardial disease. In half of all cases of pulmonary nocardiosis, disease appears outside the lung. In one-fifth of cases of disseminated disease, lung disease is not apparent. The most common site of dissemination is brain. The other common sites include the skin and supporting structures, kidneys, bone and muscle but almost any organ can be involved. The typical manifestation of extrapulmonary dissemination is a subacute abscess. Nocardia are crooked, branching, beaded Gram positive filaments 1 mm wide and up to 50 mm long. They are acid fast in direct smear (modified Kinyoun method) and also take up silver stain.

Our patient’s CD4 count was 38 µl/L and he did not have pulmonary involvement. He was treated with Amikacin and Minocycline as he was allergic to sulpha drugs, along with antiretroviral therapy.

This pictorial CME presentation is to make treating physicians aware of the rare possibility of extrapulmonary nocardiosis in HIV infected persons with low CD4 cell count.

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