Correspondence

Pulmonary Nocardial Infection with Pseudomonas Infection of the Tongue in Patient with Dermatomyositis

Sir,

We read with interest the case report by Shah et al.1 and we think in this case the nocardial infection might have developed over old tubercular lesion which remained inactive over the years but could also have become activated since the patient was on long term corticosteroid therapy for her new disease “Dermatomyositis”. We have not been given any information about the sputum being subjected to AFB staining to rule out reactivation of tuberculosis (chest X-ray suggests this possibility). The authors also did not mention whether sputum and/or blood culture was positive for Pseudomonas. Primary pseudomonal infection of the tongue is extremely uncommon. There is a discrepancy about the clinical findings also. It has been said that clinically there was bronchial breathing with crepts in the upper lobe whereas the X-ray shows the lesions limited to left middle and lower zones. The authors say that the tongue lesions completely cleared but did not tell us, how long the treatment was given and within how many days the lesions disappeared and what happened to the chest lesions? Did they also disappear completely and if so after how many months of treatment for nocardiosis. Further, what happened to her basic disease during this phase when she must have been off corticosteroids.

The morbidity and mortality of the nocardial infection is fairly high in clinical practice especially if the patients happens to be on steroid treatment.2 It would be very interesting and informative to know the long term follow up of this patient.

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REFERENCES

Reply from the Author

Sir,

We are thankful to Dr. Kulkarni for his comments and the interest shown in the case report.

In fact tuberculosis was the first consideration. However, AFB were negative in sputum x 3 (we are sorry for the inadvertent omission of this information in the case report). She recovered fully on treatment of nocardiosis and the last X-ray showed the scar of old TB. The patient was last seen in April 1998 (3 year follow up) and has had no recurrence of pulmonary symptoms. Based on this tuberculosis as the cause of pulmonary pathology is ruled out.

The tongue lesions of Pseudomonas started improving in two days and disappeared in a few days time though rawness of tongue persisted a little longer. Sputum did not grow Pseudomonas. A blood culture was not done. The pulmonary lesions did not recover pari passu with the tongue lesions. Treatment for nocardiosis was for nine months.

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