RESULTS

Among the study patients, 123 NTM isolates from 99 patients were recovered. 15 strains were M. abscessus, 15 M. kansasii, 5 M. intracellulare, 2 M. chimaera, 2 M. lentiflavum, 2 M. xenopi and 1 M. kansasii, 1 M. fortuitum, 1 M. gordonae, 1 M. phlei, 1 M. scottii, 1 M. marseillense, 1 M. arilaites, 1 M. fortuitum, 1 M. iranicum, 1 M. tercelense, 1 M. fortuitum, 1 M. vietnamensis, 1 M. scottii, 1 M. xanthum, and 1 M. pettenale. The species included in the study were M. abscessus, M. kansasii, M. intracellulare, M. chimaera, M. lentiflavum, M. xenopi, M. fortuitum, M. gordonae, M. scottii, M. marseillense, M. arilaites, M. iranicum, M. tercelense, M. vietnamensis, and M. pettenale. The most frequent NTM species were M. abscessus (100%), M. kansasii (81%), and M. intracellulare (52%).

For 19 of 24 patients (79%), the NTM isolates (3 species) recovered from sputum specimens were considered as clinically significant. For 6 of them, smears were positive for acid-fast bacilli. The most frequent species was M. avium (100%). Six patients suffered from skin and soft tissue infection. 15 patients were immunocompromised (8 with AIDS). 31 patients with AIDS suffered from disseminated disease.

For 118 of 166 patients NTM isolates (23 species) recovered from respiratory specimens were not considered as clinically significant. The most frequent NTM were M. fortuitum, M. fortuitum, and M. gordonae.

CONCLUSIONS

Conclusion: Only 35.3% of patients yielded NTM isolates (182 of 201 of the species) that were linked to human disease. The most common clinically significant isolates were M. avium and M. intracellulare, which were responsible for 58% of NTM disease. Only 29% of patients with pulmonary NTM isolates met the ATS criteria, mainly because of inadequate sampling of a large number of individuals.