


Posters

# NODULAR LYMPHANGITIS CAUSED BY *MYCOBACTERIUM CHELONAE*

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A 75-year-old woman was admitted to the cardiology unit for a transfemoral transcatheter aortic valve implantation (TAVI) via the right femoral artery. Her medical history was significant for a previous renal transplantation, for which she was receiving maintenance immunosuppressive therapy with tacrolimus. During hospitalization, the patient developed multiple painful erythematous papules and nodules on both lower limbs, predominantly involving the right leg, arranged in a sporotrichoid pattern [Figure 1]. Some lesions featured central pustules, while others exhibited central necrosis and discharge. Over the following days, the lesions progressively increased in number and size. Due to the progression of the disease, histopathological and microbiological examinations were performed. Skin biopsy revealed partial epidermal ulceration and a dense histiocytic inflammatory infiltrate involving the entire dermis. Ill-defined granulomatous aggregates with scattered multinucleated giant cells were also present. The culture of the biopsy specimen was positive for Mycobacterium chelonae. A diagnosis was made of a cutaneous Mycobacterium chelonae infection following a surgical procedure, presenting as sporotrichoid nodular lymphangitis in an immunocompromised host.

**References**

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