



# LAPROSCOPY PORT SITE INFECTION

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# CASE HISTORY

A 32 years old female from Ahmedabad

Underwent Laproscopy surgery for removal of left complex ovarian cyst on 21-11-2016

Pre operative lab evaluation was within normal limit

Port site stitch removed after 10 days

Swelling and discharge after 20 days of surgery from left side port



Left ovary + Cyst

HPE: Serous cyst adenoma with presence of Haemorrhagic corpus luteum and follicular cyst



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# HISTORY CONTD.....

Swelling and discharge after 20 days of surgery from left side port

Multiple dressing and multiple course of antibiotics for five months

Twice incision and drainage with negative pyogenic cultures

Still persistent discharge, swelling and pain

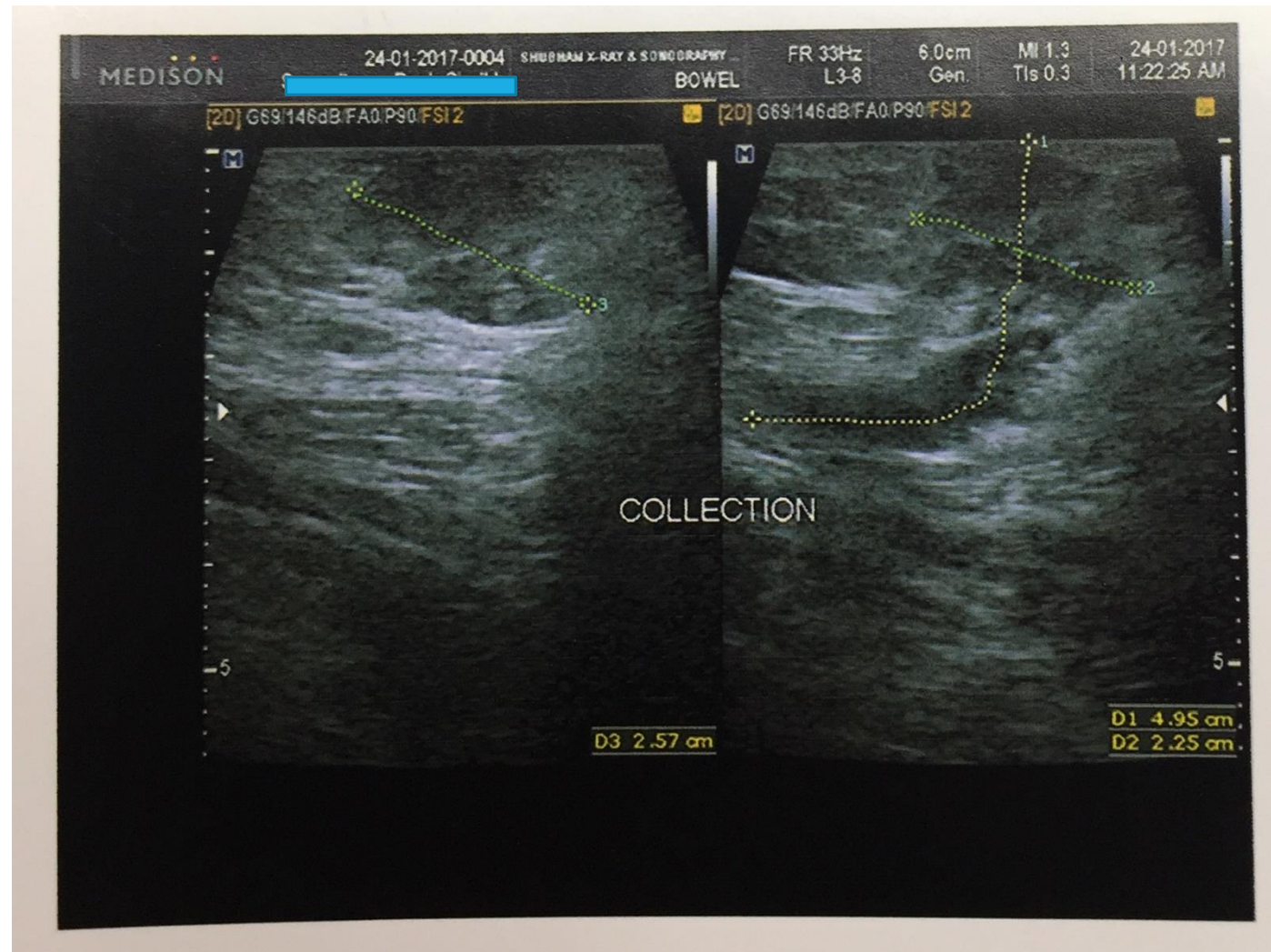
Past history of Hypothyroidism since 3 years on tab Thyronorm 75 microgram od

Rest of her past, personal and family history was not significant



# USG LOCAL PART ON 24-01-2017

Left iliac  
fossa port  
incision site  
inflammatory  
track from  
subcutaneous  
to  
intramuscular  
region with  
underlying  
collection



# ON EXAMINATION AT OUR CLINIC —APRIL 2017

Temp : 98.8°F; Pulse: 80/min; BP: 100/70 mm of Hg; RR:18/min

General examination was normal except presence of pallor

## Abdominal examination

- Normal except: LIF : presence of scar with two sinus openings and watery discharge (As in pic)

Rest of her systemic examination was normal





# INCISION AND DRAINAGE WAS DONE ON 12-04-2017; HPE AND MICROBIOLOGY ORDERED

Tissue for HPE: section shows stratified squamous epithelium with underlying tissue with areas of necrosis, mixed inflammatory infiltrate consist of neutrophils, lymphocytes, plasma cells and few eosinophils, few histiocytes and few foreign body giant cells with edema and vascular proliferation. No evidence of granuloma.



# TISSU/PUS FOR PRIMARY STAIN – AFB ++

**MICROPATH** Ref By : Dr. VIPUL V SHAH - MD  
24 Hours / 365 Days LABORATORY & RESEARCH INSTITUTE PVT. LTD.

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(Report)

**LABORATORY REPORT**

Registration Date & Time : 12-Apr-2017 21:42	Sample Type : FLUID
Sample Date & Time : 12-Apr-2017 21:41	Sample Collected By : STMP/L
Report Date & Time : 13-Apr-2017 20:12	Accessioning Remarks :

TEST RESULTS

**SPECIMEN FOR PRIMARY STAIN**

Specimen	FLUID
Gram - Stain :	The smear shows few gram positive cocci in pairs with many pus cells.
KOH Preparation:	Fungal elements are not seen
Z.N.Stain	A.F.B DETECTED (**)
AFB By Immuno Fluorescence	A.F.B. DETECTED.(++)

# TISSUE/PUS GENE XPRT : NEGATIVE

Smear positive for AFB and gene xpert negative  
indirectly suggests NTM infection

# TISSUE/PUS FOR AFB CULTURE – POSITIVE ON 6<sup>TH</sup> DAY – SUGGESTIVE OF NTM/MOTT

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**LABORATORY REPORT**

Registration Date & Time : 12-Apr-2017 21:41	Sample Type : FLUID
Sample Date & Time : 12-Apr-2017 21:35	Sample Collected By : STMPL
Report Date & Time : 18-Apr-2017 14:50	Accessioning Remarks :

TEST RESULTS

**AFB CULTURE ( BACTEC MGIT 960 )**

Specimen	FLUID
Z.N.Stain By Petroffs Method	AFB DETECTED(++)
AFB Primary Report	AFB Culture is Positive for NTM/MOTT on 06th Day of Incubation.(Final report)
AFB Intermediate Report	Not applicable
AFB Culture Final Report	Not applicable
Organism	A <b>Mycobacterium other than tuberculosis complex (MOTT/NTM) [Confirmed by TB Ag MPT64 Card]</b>
Note	Please correlate clinically.

# MALDITOF IDENTIFICATION OF NTM — *M. FARCIORGNES*

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(Report)

LABORATORY REPORT

Registration Date & Time : 20-Apr-2017 12:29	Sample Type : FLUID
Sample Date & Time : 20-Apr-2017 12:23	Sample Collected By : STMP/L
Report Date & Time : 21-Apr-2017 17:36	Accessioning Remarks :


TEST	RESULTS	UNIT	EXPECTED VALUES	REMARKS
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IDENTIFICATION BY MALDI TOF  
(Mass Spectrometry)

Specimen	Pure growth of NTM/MOTT from MGIT tube. (Sample : Fluid)
* IDENTIFICATION BY MALDI TOF (Mass Spectrometry)	<u>Mycobacterium farcinogenes</u> identified on MALDI TOF, score :2.04)

— End Of Report —





Further the other molecular techniques were adopted for genome analysis of these mycobacteria. The analysis of 16srDNA using Sanger sequencing and Next generation Sequencing revealed the two pictures that were observed in both techniques and found to be similar (Fig.3,4a and 4b) for *M. farcinogenes* (DSM43637)



**FINAL DIAGNOSIS : NTM (*M. FARCI NOGENES*)**  
**PORT SITE INFECTION**

# TREATMENT STARTED

IV Amikacin 1 gm daily

Tab clarithromycin 500 mg bd

Tab linezolid 600 mg od

Patient developed oto-toxicity due to amikacin after one month and hence stopped

Continued on clarithromycin, Linezolid and added moxifloxacin 400 mg od

Patient improved and discharge stopped after one and half month

Repeat sonography shown residual track

Linezolid discontinued after two months due to hematological toxicity

Clarithromycin and moxifloxacin continued further

Total duration of treatment given: 9 months

After 2 month of  
treatment :

Discharge  
stopped

No inflammation  
or induration

Repeat USG  
suggestive of  
residual sinus  
track without any  
collection





Before start of treatment



After two month of treatment



# TAKE HOME MESSAGE

In any patient with persistent discharge from laparoscopy port site, one should think of Non-tuberculous Mycobacterium (NTM) infection

In such situation, rather than giving empirical antibiotics, establish diagnosis

Always send tissue/pus for primary stain, Genexpert, AFB culture along with pyogenic culture