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Cutaneous Mycobacterium Chelonae infection in a patient with Rheumatoid Arthritis treated with glucocorticoids

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Clinical aspect of cutaneous mycobacterium chelonae infection in a 74 year-old female seronegative rheumatoid arthritis patient since 1988 treated with methylprednisolone (25 mg daily). Other relevant pathologies were type 2 diabetes, remitted non-Hodgkin lymphoma, and hypothyroidism. Physical examination revealed erythematous subcutaneous nodules, localized on her right arm, gradually spreading over a few months (Figure 1). No clinical or biological inflammation was reported. Cutaneous mycobacterium chelonae skin infection was confirmed by histology analysis and Lowenstein-Jensen culture. Skin lesions resolved after 9 months of clarithromycin and levofloxacin. Leflunomide was started 3 months after antibiotic beginning and rituximab at the skin lesion resolution.