

# Comment on *Mycobacterium Chelonae* Infection of the Buttocks Secondary to Lipofilling: A Case Report and Review of the Literature



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Dear Editor,

Hammond et al. [1] recently published their report on *Mycobacterium Chelonae* Infection of the Buttocks Secondary to Lipofilling: A Case Report and Review of the Literature. Non-tuberculosis mycobacteria (NTM) are free-living saprophytes that are isolated from environmental resources such as water, soil, dust, animals and dairy foods. Non-tuberculosis mycobacteria were not believed to be human pathogens before 1950s, but now it is clear that this group of bacteria can cause local cutaneous to serious disseminated infections in humans [2]. According to the American Thoracic Society (ATS) advice, clinically isolated NTM should be detected at the species level to determine the clinical implications, infection control, epidemiological study, and patient administration. NTM were identified using phenotypic tests (such as growth rate, macroscopic morphological features, growth at different temperatures, biochemical tests including Tween 80 hydrolysis, nitrate reduction, arylsulfatase, urease production, tellurite reduction, salt tolerance and semi-quantitative catalase production) and popular molecular methods including sequencing and PCR restriction fragment length

polymorphism using 16S rRNA, *hsp65*, *rpoB* and 16S–23S rRNA internal transcribed spacer (ITS) [3].

I ask the authors to attend to the following questions.

1. Please describe the mycobacterial isolation method, which was not stated in the report.
2. According to reports, other genres in the Actinomycetes family such as *Mycobacterium tuberculosis*, *Nocardia*, *Gordonia* and *Rhodococcus* similar to NTM have the same phenotypic features [4]; please explain how *Mycobacterium chelonae* was detected to the species level.

## Compliance with Ethical Standards

**Conflict of interest** The author declares that he has no conflicts of interest to declare.

## References

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