



## CASE REPORT

## BURULI ULCER IN AN AIDS PATIENT

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Buruli ulcer is a mycobacterial skin ulcer caused by *Mycobacterium ulcerans*, an acid-fast bacillus 3 - 6 µm long and 0.2 - 0.35 µm wide. It was first described in Australia.<sup>1,2</sup>

The name buruli ulcer derives from the Buruli district of Uganda where the disease was largely investigated.<sup>3</sup>

The lesions occur chiefly on the legs or arms.<sup>4</sup> The diagnosis is made bacteriologically by finding the acid-fast mycobacteria in necrotic granulation tissue of the ulcer.<sup>1,4</sup> The association between Buruli skin ulcers and HIV infection has not yet been documented although skin ulcers caused by *M. chelonae* have been reported in an immunocompromised child.<sup>3</sup> The following case report describes a patient with HIV infection associated with a mycobacterial skin ulcer caused by *M. ulcerans*.

### CASE REPORT

A 45-year-old Congolese woman was admitted to IME/Kimpese Hospital, Lower Congo in November 1999 with a history of shock and cellulitis of the left leg (stage II).<sup>5</sup> She had not received a blood transfusion previously, and although married, had many casual sexual partners.

Five days following her admission the skin lesion became ulcerative (stage III)<sup>5</sup> (Fig. 1). Examination of the swabs taken from necrotic tissue revealed *M. ulcerans*. Her sera tested positive for HIV using the enzyme-linked immunosorbent assay (ELISA). She developed chronic diarrhoea and meningoencephalitis and died a few days later.

### COMMENT

Buruli ulcer is common in certain areas of the world such as Australia, Papua New Guinea, Malaysia, Uganda, and the Democratic Republic of Congo (formerly Zaire).

While the association with HIV infection has not been documented, the mode of transmission of mycobacterium skin ulcer is not yet established.<sup>5</sup> However, some reports<sup>4</sup> have identified the cause as being skin contact with water infested

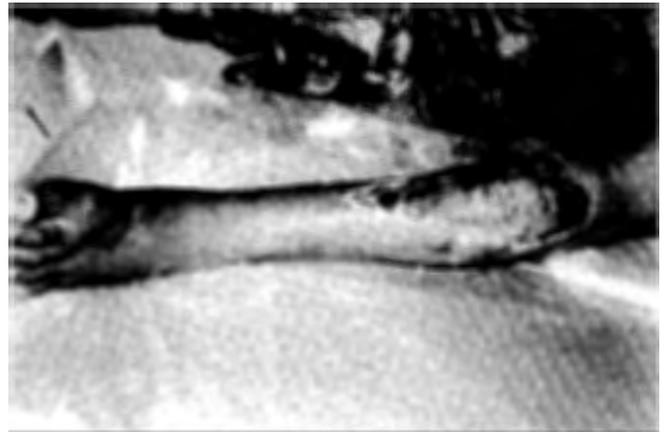


Fig. 1. Buruli ulcer on the leg of an AIDS patient.

with the bacillus. Marston *et al.*<sup>6</sup> have suggested that wearing protective clothing decreases the risk of developing the disease.

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