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## A rare cause of jejunal obstruction in an immunocompromised patient

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### Conflicts of interest

The authors disclose no conflicts of interest.

**Keywords:** Jejunal obstruction. Immunocompromised. *Mycobacterium genavense*.

Dear Editor,

*Mycobacterium genavense* is a fastidious microorganism that mainly affects immunocompromised patients, with high mortality rates [1]. Its gastrointestinal tropism is known, however accurate diagnosis and management remain challenging [2,3]. We present a 44-year-old female with two previous kidney transplants and medicated with tacrolimus and prednisolone. She complained of periumbilical abdominal discomfort, vomiting, fever and significant weight loss. Blood work showed hypochromic normocytic anemia (Hb 9.6 g/dL), elevation of inflammatory parameters (CRP 4.4 mg/dL) and worsen kidney function (creatinine 2.35 mg/dL). Abdominal CT scan revealed a 70 mm mid-jejunal thickening, with adenopathies and minimal ascites. A double balloon enteroscopy was then performed, showing abundant food content impacted in a small regular mid-jejunal stenosis with superficial ulcers, not surpassed by the enteroscope, which was biopsied and tattooed (figure 1-2). Interferon gamma release assay was inconclusive and immunophenotyping was normal. Histology revealed an inflammatory infiltrate of histiocytes filled with multiple intracellular acid-fast bacilli on Ziehl-Neelsen stain, without any granulomas or atypia (figure 3). Slow cultures were negative, but PCR confirmed infection by *Mycobacterium genavense*. She was started on rifabutin, ethambutol, azithromycin and moxifloxacin, and discharged home after clinical improvement. However, after 1 month, she was readmitted in intestinal occlusion and successfully operated on.

## References

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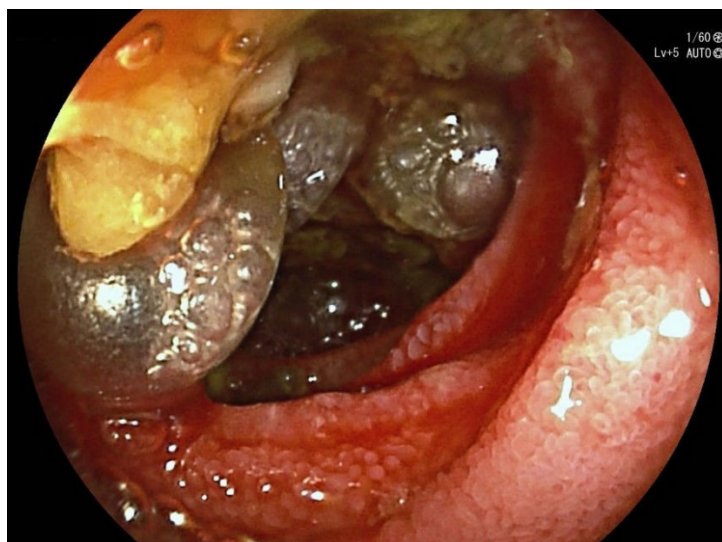


Figure 1. Abundant food content impacted in a mid-jejunal stenosis.

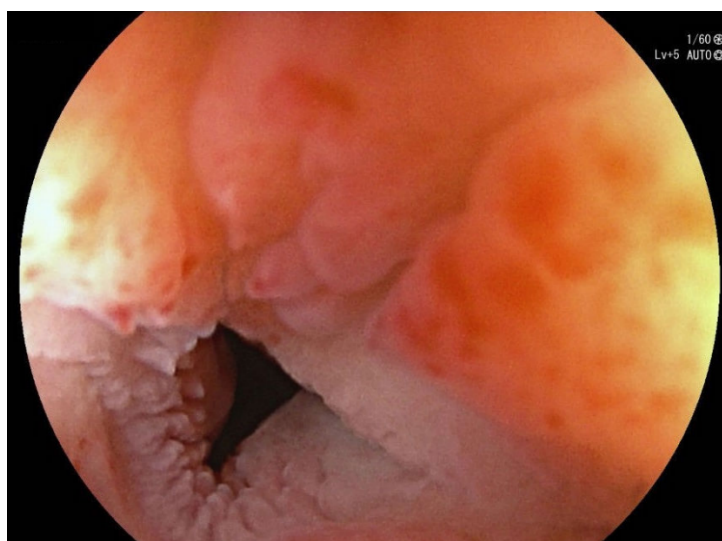


Figure 2. A small regular mid-jejunal stenosis not surpassed by the enteroscope.

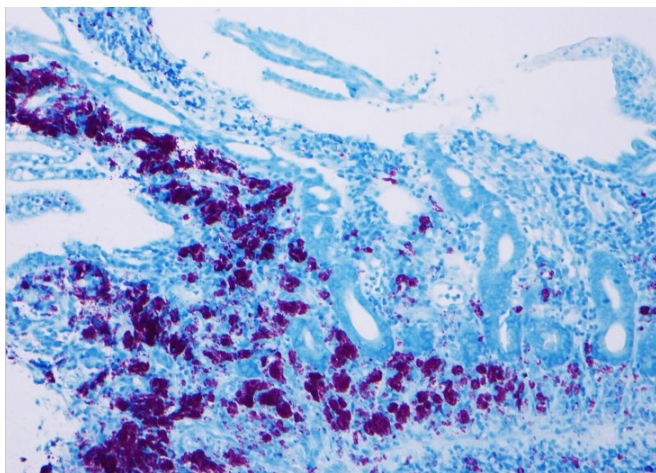


Figure 3. Inflammatory infiltrate of histiocytes filled with multiple intracellular acid-fast bacilli, without any granulomas or atypia, on Ziehl-Neelsen stain (200x).