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Mycobacterium chimaera infections following cardiac surgery: a case series in the

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Post-operative infections after cardiac surgery due to nontuberculous mycobacteria (NTM) were first reported in the 1970s . These infections have been traced to contamination of sterile equipment or water from the hospital where the surgery occurred [2–4]. The current outbreak of disseminated Mycobacterium chimaera related to the LivaNova (formerly Sorin) 3T heater-cooler unit (HCU) contamination is unprecedented in its global scale. The outbreak unfolded in Switzerland in 2011 when a patie...

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Objectives: **Mycobacterium chimaera** infection following cardiac surgery, due to contaminated

Name of Journal: *World Journal of Clinical Cases*

Manuscript NO 47486

Manuscript Type: CASE REPORT

***Mycobacterium chimaera* infections following cardiac surgery in Treviso Hospital, Italy, from 2016 to 2019: Cases report**

Inojosa WO *et al.* *Mycobacterium chimaera* infections following cardiac surgery

Abstract

BACKGROUND

An epidemic of *Mycobacterium chimaera* infections following cardiac surgery is ongoing worldwide. The outbreak was first discovered in 2011, and it has been traced to a point source contamination of the LivaNova 3T heater-cooler unit, which is used also in Italy. International data are advocated to clarify the spectrum of clinical features of the disease as well as treatment options and outcome. We report a series of *M. chimaera* infections diagnosed in Treviso Hospital, including the first cases notified in Italy in 2016.

CASE SUMMARY

Since June 2016, we diagnosed a *M. chimaera* infection in nine patient who had undergone cardiac valve surgery between February 2011 and November 2016. The time between cardiac surgery and developing symptoms ranged from 6 to 97 mo. Unexplained fever, psychophysical decay, weight loss, and neurological symptoms were common complaints. The median duration of symptoms was 32 wk, and the longest was almost two years. A new cardiac murmur, splenomegaly, choroidoretinitis, anaemia or lymphopenia, abnormal liver function tests and hyponatremia were common findings. All the patients presented a prosthetic valve endocarditis, frequently associated to an ascending aortic pseudaneurysm or spondylodiscitis. *M. chimaera* was cultured from blood, bioprosthetic tissue, pericardial abscess, vertebral tissue, and bone marrow. Mortality is high in our series, reflecting the poor outcome observed in other reports. Three patients have undergone repeat cardiac surgery. Five patients are being treated with a targeted multidrug antimicrobial

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Mycobacterium chimaera infections following cardiac surgery



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Mycobacterium chimaera infection following cardiac surgery, due to contaminated cardiopulmonary bypass heater-cooler units, has been reported worldwide. However, the spectrum of clinical disease remains poorly understood. To address this, we report the clinical and laboratory features, treatment and outcome of the first 30 UK cases.

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An Update on Mycobacterium chimaera and Cardiac Surgery ...

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Patients with **Mycobacterium chimaera** infections after cardiac surgery have a range of clinical presentations, but the most common are cardiac manifestations including endocarditis, vascular graft infection, and mycotic aneurysm. Surgical site infections including mediastinitis and sternal wound infections are also common.

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