

REMINGTON WINTER COURSE IN ID

VAIL, CO

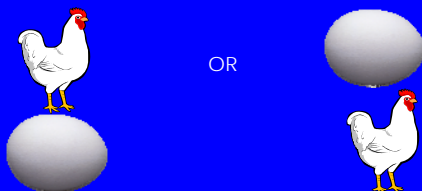
FEBRUARY, 2010

**NONTUBERCULOSIS MYCOBACTERIA AND
BRONCHIECTASIS:**

THE CHICKEN AND THE EGG

MICHAEL D. ISEMAN, MD

**NTM AND BRONCHIECTASIS (BXSIS):
THE CHICKEN AND THE EGG**



**NTM AND BRONCHIECTASIS (BXSIS):
THE CHICKEN AND THE EGG**

- ♦In some cases NTMs invade pre-existing BXSIS

- ♦In other cases NTMs initiate and propagate BXSIS

**NTM AND BRONCHIECTASIS (BXSIS):
THE CHICKEN AND THE EGG**

Pre-existing Bronchiectasis and Vulnerability to NTM Infection:

- *Classic CF
- *Prior histoplasmosis (or TB)
- *Sarcoidosis
- *IPF
- *Congenital tracheobronchomegaly (Mounier-Kuhn)

**NTM AND BRONCHIECTASIS (BXSIS):
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NTM, a Brief History:

- 1882: Koch's stain and culture of *M. tuberculosis*
- Early 20th Century: infrequent recovery and identification of NTM
- 1950 -1980: sporadic case series in US, Europe and Japan
 - mainly men with COPD or silicosis
 - mostly in SE of United States
- 1980 onward: rising cases/awareness
 - MAC 2nd most common OI in AIDS
 - increasing pulmonary disease in women

**NTM AND BRONCHIECTASIS (BXSIS):
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NTM Lung Disease: Diagnostic Criteria

- Unlike TB, not all (+) cultures = disease
- American Thoracic Society and IDSA Statement, 2007:
 1. Clinical: pulmonary +/- constitutional symptoms
 2. Radiographic: cavity on CXR or bronchiectasis on CT scan
 3. Microbiologic: 2 or > sputum cultures or 1 (+) BAL

(AJRRCM, 2007:175:367)

**NTM AND BRONCHIECTASIS (BXSIS):
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What percentage of lab NTM isolates = "disease"?

- Varies by species: Likely: *M. kansasii*, *MAC*, *M. abscessus*
Possible: *M. xenopi*, *M. malmoense*, *M. simiae*
Unlikely: *M. gordonae*
- Recent series: Ontario \cong 33% (*Marras, Thorax, 2007*)
Nijmegen \cong 25% (*van Ingen, Thorax, 2009*)

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NTM Lung Disease: Epidemiology

- Not reportable; thus, data fragmentary
- Recent data from Ontario are instructive:
A single lab identifies > 90% of NTM isolates in Province
Reported "isolation prevalence" from 1997-2003.
Rates of NTM recovery rose from 9.1/100T in 1997 to 14.1/100T in 2003

(*Marras, Thorax 2007; 62:661-6*)

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Comparison of the Prevalence of NTM-LD in Ontario Province:

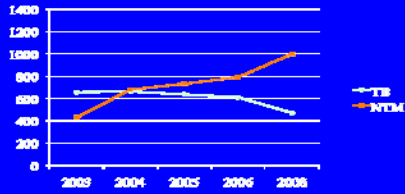
2003: 657 cases of TB vs. 430 cases of NTM-LD
Incidence TB = 5.4/100T/yr; NTM = 3.5/100T/yr
Outcomes over time:

<u>Assumptions</u> -	<u>TB</u>	<u>NTM</u>
Cure	85%	50%
Duration	~8 mos.	18-24 mos.
Re-Rx	5-10%	30-50%
Usual Sx	<1 mo.	Nearly continual
Expense:	\$	\$\$\$\$\$

(*Iseman and Marras: AJRCCM: 178:999-1001 (2008)*)

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Hypothetical Model of Prevalences of NTM vs TB, Ontario



**NTM AND BRONCHIECTASIS (BXSIS):
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If the prevalence of NTM-LD exceeds that of TB,
and
If the number of NTM symptomatic days far exceeds TB,
and
If the costs of NTM treatment are orders > than TB,
and
If NTM are mainly acquired from potable water?

WHY ISN'T THIS A MAJOR PUBLIC HEALTH ISSUE?

**NTM AND BRONCHIECTASIS (BXSIS):
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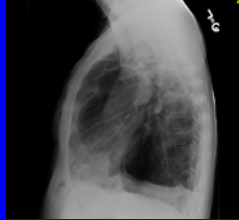
Radiographic features of NTM Lung Disease:

- Prototypic male with COPD: gross cavitation, upper lobe(s)
- Slender woman: bronchiectasis of RML +/- or lingula

**NTM AND BRONCHIECTASIS (BXSIS):
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PA

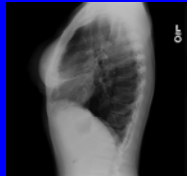


Lateral

**NTM AND BRONCHIECTASIS (BXSIS):
THE CHICKEN AND THE EGG**



PA



Lateral

**NTM AND BRONCHIECTASIS (BXSIS):
THE CHICKEN AND THE EGG**



CTS RML/Ling
BXSIS



CTS
Tree-In-Bud

**NTM AND BRONCHIECTASIS (BXSIS):
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If the NTM are widely distributed in environment (soil and water), why do only some develop disease?

- Less competent pathogens than TB
- Require host complicity:
 - COPD or silicosis
 - Cystic fibrosis, classical or variant
 - Alpha-1 anti-trypsin anomalies
 - GERD/aspiration
 - Primary Ciliary Dyskinesia
 - Rarely, immune deficiency (CVID, CGD)
 - Previous X-ray therapy (breast Ca, lymphoma)
 - The slender female

**NTM AND BRONCHIECTASIS (BXSIS):
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The Mysterious Female Phenotype:

- Tall
- Slender
- Caucasian (Asian)
- Scoliosis
- Pectus Excavatum
- Mitral valve prolapse



“Lady Windermere”...not!

(Am Rev Resp Dis, 1991; 144:914-916)
(Am J Resp Crit Care Med, 2008; 178:1066-1074)

**NTM AND BRONCHIECTASIS (BXSIS):
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NIH Report of Distinctive Morphotype in Cohort of 63 NTM Cases:

- *Primarily middle-aged white women; comparison NHANES
- *Taller than average (164.7 vs. 161 cm)
- *More slender than average (21.1 vs. 26.8 BMI)
- *Higher prevalence of scoliosis (51%)
- *Higher prevalence of pectus excavatum (11%)
- *Higher prevalence of mitral valve prolapse (9%)

Kim et al; AJRCCM; 2008; 178:1066-1074

**NTM AND BRONCHIECTASIS (BXSIS):
THE CHICKEN AND THE EGG**

NIH Report of Distinctive Morphotype in Cohort of 63 NTM Case:

Other interesting findings:

- *36% had CFTR mutations
- *Extensive surveys of CMI did not identify defects
- *Lady Windermere NOT! Majority coughed chronically
- *AAT levels WNL, but phenotypes not determined

Kim et al; AJRCCM; 2008; 178:1066-1074

**NTM AND BRONCHIECTASIS (BXSIS):
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HYPOTHESIS #1:

- These slender women have subtle anomalies of their connective tissue that make them more vulnerable to NTMs and bronchiectasis
- Possible mechanisms:
 - Airway collapse renders coughs ineffectual
 - Airways subject to distension with cough
 - TGF-Beta effects on CMI

**NTM AND BRONCHIECTASIS (BXSIS):
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Where do the NTMs come from?

- The NTMs are variably found in the environment (water and soil)
- Falkinham (VA Tech) has found that MAC is found with increasing density in distal water distribution systems

HYPOTHESIS #2:

- NTMs enjoy competitive advantage over coliforms due to resistance to chlorination; symbiotic with non-pathogenic amoeba in biofilms
- Lowered temps in water heating (mandated cap at 125°) has favored survival of the NTMs

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What else has promoted NTM lung disease?

HYPOTHESIS #3

- Over the past 3-4 decades we have switched from tub-bathing to showering.
- Shower stalls are increasingly enclosed
- We all regularly inhale MAC (± other NTMs) as we shower

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OK, we are all exposed; why more MAC in women?

SPECULATION:

- Hormonal: a. testosterone > estrogen for CMI vs NTMs
b. normal estrogen > low estrogen for CMI
- Leptin: Satiety regulator (↓appetite with fat accumulation); promotes CMI but ↓↓ in thin persons

**NTM AND BRONCHIECTASIS (BXSIS):
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BRONCHIECTASIS: THE GIFT THAT KEEPS ON GIVING:

Whether NTM invades pre-established bronchiectasis, or

Whether NTM is the primary cause of bronchiectasis,

Once bronchiectasis is established in dependent lung zones, the patient is predisposed to recurrent infections (NTM & GNR) for life

**NTM AND BRONCHIECTASIS (BXSIS):
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Diagnosis and Treatment of NTM Infections:

1. ATS Guidelines: AJRCCM, v 175:367-416 (2007)
2. Key Diagnostic Criteria (Cliff Notes)
 - a. Symptoms
 - b. Abnormal CXR (cavity) or CTS (bronchiectasis)
 - c. Two or more (+) sputum cultures for common pathogens
 - d. One (+) bronchoscopy culture
3. Plus a healthy dose of clinical judgment!

**NTM AND BRONCHIECTASIS (BXSIS):
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Diagnosis and Treatment of NTM Infections (cont'd.)

4. Treatment of NTM Disease*
 - a. MAC: macrolide, rifamycin, and EMB, ± SM
 - b. *M. kansasii*: INH, RIF, and EMB (?macrolide)
 - c. RGM: imipenem or ceftoxitin and AK (?macrolide)
 - d. Surgery? (unproven but potentially useful)

*Not all with NTM disease need to be treated; but, all should be followed.

**THE IMPORTANCE OF NONTUBERCULOUS
MYCOBACTERIAL LUNG DISEASE**

NATIONAL JEWISH CONSULTATION AND REFERRAL SERVICES

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Contact for Drug Levels/Pharmacokinetics: childs@njhealth.org

Contact for Patient Referrals: paaschw@njhealth.org
