regimens of antimonycrobial drugs that are also effective against *M. avium* complex (4).

In 2 studies that evaluated the effect of adjunctive IL-2 therapy in addition to ART for previously treatment-naive patients with HIV infection, baseline median numbers of circulating CD4+ cells increased significantly, but expansion of CD4+ T cells was not associated with the reduction in the risk for opportunistic diseases or death (8). In contrast to these results, in a study of HIV-positive patients who had low circulating CD4+ T cell counts, the participants experienced fewer AIDS-defining events and fewer deaths occurred when they were treated with adjunctive IL-2 immunotherapy (9).

This case report provides lessons for the understanding of mycobacterial diseases. First, despite massive infiltration of duodenal mucosa, mesenterial lymph nodes, and bone marrow, the lack of inflammatory responses in this patient prevented tissue destruction. Second, in the absence of a sufficient immune response and an increase in the number of circulating CD4+ T cells, antimonycrobial therapy without adjunctive immunotherapy did not clear the systemic bacterial infection.

Host responses to pathogens are not always beneficial. Intense immune reactions experienced during episodes of sepsis or HIV immune reconstitution inflammatory syndrome are frequently associated with patient death. Alternatively, in the absence of inflammatory responses to pathogens, the patient is unprotected, and even microbiota that are harmless to an immunocompetent person can adversely invade. In an optimal immune response setting, a balance between proinflammatory and anti-inflammatory factors in response to pathogens is maintained (10).

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References


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**Corynebacterium bovis**

**Eye Infections, Washington, USA, 2013**

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To the Editor: *Corynebacterium bovis* is well known as a normal bovine microbiota and is a common cause of bovine mastitis (I). *C. bovis* infections in humans are rare, and identification of the organism by biochemical methods is challenging (2). Although 9 cases of *C. bovis* infections in humans have been reported (3–6), only the most recent case, which involved prosthetic joint infection, used 16S rRNA gene sequencing to identify the bacterium with certainty (6).

During February–July 2013, four adult patients (Table) were seen at Veterans Administration Puget Sound Health Care System in Seattle, Washington, USA, for eye swelling, pain, and purulent discharge. All 4 cases were
Patient 1 was a 49-year-old man with swelling of the right eyelid with discharge and pain after an episode of itching. Before this visit, the patient had 3 similar episodes and received incision and drainage of the eyelid. On examination, the inverted lower palpebrum revealed a purulent cyst (diameter 1–2 mm); pus was collected from the cyst for culture. The patient was prescribed tobramycin ophthalmic drops and amoxicillin/clavulanic acid. No follow-up information was available.

Patient 2 was a 25-year-old man with bilateral eye infection that started on the left eye a week before the patient sought care. The eye had redness, swelling, blurred vision with loss of acuity, and irritation. The right eye had the same symptoms on the day of visit. Examination found bilateral keratoconjunctivitis and a 3-mm cyst with drainage on the lower palpebrum. The patient was treated with ofloxacin ophthalmic drops for 4 months but did not improve. A specimen was then collected from his right eye for culture. In 2014, he was given a diagnosis of chronic conjunctivitis.

Patient 3 was a 33-year-old man with severe pain, erythema, and swelling on his left eyelid. His symptoms started 1 week before he sought care and included swelling, increased cyst size, and disturbed vision. The pustular exudate was aspirated and sent to the laboratory. The patient was prescribed erythromycin ointment and oral trimethoprim/sulfamethoxazole. The patient’s eye had improved at 3 weeks.

Patient 4 was a 90-year-old man who fell at home 2 days before his visit. He landed on his cheek, causing an abrasion, and his eye was swollen shut a few hours after the fall. On the second day, his cheek was swollen and reddened, and yellowish purulent matter was present on the skin. A swab specimen was collected from the wound and sent for culture. The patient was treated with doxycycline for 14 days, and the wound healed by day 12.

The aerobic cultures of 3 eye and 1 cheek wound specimens from these patients grew gram-positive bacilli (Table). The organism was initially identified by the API Coryne system (bioMérieux, Marcy l’Etoile, France) as C. urealyticum or Corynebacterium group F-1. However, given the difficulty of phenotypic identification and the lack of literature to support eye infections associated with C. urealyticum, we performed 16S rRNA gene sequence analysis of the first ≈500 bp to confirm the identity. Using the MicroSeq 500 database version 0023b (Applied Biosystems, Foster City, CA, USA), we identified all 4 isolates as C. bovis (100% identical to ATCC 7715; sequence length

<table>
<thead>
<tr>
<th>Characteristic</th>
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<th>Reference strains</th>
</tr>
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<tr>
<td></td>
<td>F7181</td>
<td>F7545</td>
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<td>2</td>
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<tr>
<td>Age, y/sex</td>
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<td>25/M</td>
</tr>
<tr>
<td>Date isolated</td>
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<td>2013 Jul 2</td>
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<td>Location where specimen was collected</td>
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<td>0001004</td>
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<tr>
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<tr>
<td></td>
<td>+</td>
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<tr>
<td>Urease</td>
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<tr>
<td>Pyrazinamidase</td>
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<tr>
<td>Acid production from Glucose</td>
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<td>–</td>
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<tr>
<td>Galactose</td>
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<tr>
<td>Mannose</td>
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<td>Lactose</td>
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<td>Length of 16S rRNA gene sequence, nt</td>
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<td>424</td>
</tr>
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</table>

*Phenotypic characteristics of C. bovis isolates from this study (2) were obtained by using API Coryne system v3.0 and Vitek2 (bioMérieux, Marcy l’Etoile, France). +, positive; –, negative; ED, emergency department; ND, not determined; VAPSHCS, Veterans Administration Puget Sound Health Care System.

†% strains positive.
424–465 nt). According to the MicroSeq 500 and GenBank databases, the next 2 closest matches were *C. confusum* (96.1% similarity) and *C. macginleyi* (95.9% similarity), making the identification unambiguous.

*C. bovis* has not been described as part of the human microbiota, nor has it been associated with eye infections, in contrast to other *Corynebacterium* spp. known to colonize the human conjunctiva and skin (7) and cause eye infections (8,9). We found *C. bovis* associated with each of these eye and facial soft-tissue infections, but whether this lipophilic organism colonizes in the oily glands of eyelids in healthy individuals is unclear. What is certain is that *C. bovis* can exist on the human facial skin, has pathogenic potential, and is difficult to identify.

Because human and animal strains of *C. bovis* vary in biochemical properties (2), phenotypic identification is unreliable. All our isolates were urease positive, contrary to most isolates reported in the literature (2). This phenotype may result in underreporting of the organism because it is not described in some databases (10). An epidemiologic investigation revealed no overlap among any of the specimens regarding date of collection, clinic location where patients were seen, or date of clinical work-up. From results of our investigation, we believe that cross-contamination was unlikely and that these cases are probably independent of each other.

The pathogenicity of *Corynebacterium* spp. can be easily overlooked, especially because some species are common skin colonizers. Speciation should be prompted when *Corynebacterium* spp. are isolated in large quantity or from a pure culture. Unexpected phenotypic identifications such as *C. urealyticum* from eye specimens should be confirmed with 16S rRNA gene sequencing.

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**References**


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