Mycobacterium lepromatosis

Lepromatous Leprosy in US Citizen Who Traveled to Disease-Endemic Areas

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To the Editor: Virk et al. (1) reported a Mycobacterium lepromatosis infection in a US citizen with a history of multiple international travels and concluded that M. lepromatosis lepromatous leprosy is a travel-related hazard for travelers to endemic areas. The conclusions drawn, however, need extensive support of thoroughly conducted case studies before generalizing M. lepromatosis as a travel-related hazard.

In the case report, the exact source of M. lepromatosis infection was unclear. Moreover, experimental evidence used in this work are not enough to prove that M. lepromatosis is a travel-related hazard. Confirming a source of infection by DNA fingerprinting of M. lepromatosis can be ideal to rule out infection from unreported native patients or environmental reservoirs (2).

It is possible that the patient in this report may have contracted M. lepromatosis infection as a result of his host-susceptible genetic factors. Host genetic susceptibility to leprosy is complicated because of the genetics of M. lepromatosis, interaction between genetic and environmental factors, gene–gene interactions, and ethnicity (3). Host genetics plays a major role in determining a person’s risk of developing clinical leprosy. Thus, even a short trip to a leprosy-endemic country is sufficient for a host susceptible to M. lepromatosis to acquire an infection. The host

Cochliomyia hominivorax [kok"le-o-mi'yə]

From the Greek kochlias (“snail with a spiral shell”) + myia (“fly”) and the Latin hominis (“man”) + vorax (“consuming”), Cochliomyia hominivorax, or the New World screwworm fly (formerly Callitroga [Greek kallos, “beautiful,” + trogein, “to gnaw”] americana), was first described by French entomologist Charles Coquerel in 1858. C. hominivorax larvae enter wounds and feed on living tissue, and if untreated, infestations can be fatal. C. hominivorax was eliminated in the United States in 1982 and in much of Central America in the 1990s, although outbreaks associated with reimportations in infected humans and animals continue to occur.