

# *Mycobacterium arupense* as an Emerging Cause of Tenosynovitis

## Technical Appendix

**Technical Appendix Table 1.** Patient clinical characteristics of case-patients with *Mycobacterium arupense* tenosynovitis\* in published reports

Report	Year	Country	Sex, age, y	Coexisting condition	Presentation	Initial event	Risk for progression	Symptom duration, wk†
Tsai et al. (1)	2008	Taiwan	F, 54	Diabetes mellitus	TS/hand	Blunt trauma		28
Senda et al. (2)	2011	Japan	M, 68	Hypertension	TS/hand	None	Corticosteroid injection	20
Legout et al. (3)	2012	France	M, 35	None	TS and OM/wrist	Penetrating trauma (glass)	Corticosteroid injection	68
Lee et al. (4)	2014	North Korea	F, 56	Hypertension, resected pituitary adenoma. Receiving low-dose prednisolone.	TS/hand	Penetrating trauma (by crab)	Corticosteroid injection	44
Beam et al. (5)	2014	USA	M, 58	None	TS/hand	Remote blunt trauma	Systemic corticosteroids, methotrexate, adalimumab	100
This report	2015	USA	M, 62	NK cell deficiency, hyper IL-6 syndrome, recurrent polyarthritides, Sweet syndrome. Receiving high-dose prednisone and canakinumab.	TS/hand and wrist	None	Increasing dose of systemic corticosteroids	6

\*TS, tenosynovitis; OM, osteomyelitis; NK, natural killer; IL, interleukin.

†Time reported from initial symptoms to diagnosis.

**Technical Appendix Table 2.** Microbiological and treatment characteristics of case-patients with *Mycobacterium arupense* tenosynovitis in published reports \*

Case	Pathology	Culture	Identification method	Susceptibility	Resistance	Treatment	Treatment duration, mo	Outcome
Tsai et al. (1)	Granulomas+, AFB-	L-J positive at 60 d	16S rRNA, hsp65 and rpoB	NR	NR	Synovectomy, clarithromycin, ethambutol, rifabutin, moxifloxacin, ciprofloxacin	6	Resolved
Senda et al. (2)	Granulomas+, AFB NR	L-J negative	DNA-DNA hybridization	NA	NA	Synovectomy, ethambutol, rifampin	14	Resolved
Legout et al. (3)	Granulomas+, AFB NR	L-J positive	16S rRNA and hsp65	NR	NR	Synovectomy and arthrodesis. Clarithromycin, ciprofloxacin, amikacin (1 mo), ethambutol (2 mo)	12	Resolved
Lee et al. (4)	Granulomas+, AFB-	L-J positive at 27 d	16S rRNA and hsp65	Clarithromycin, ethambutol, linezolid	Ciprofloxacin, moxifloxacin, rifampin	Synovectomy, clarithromycin, ethambutol, rifampin	NR	Resolved

Case	Pathology	Culture	Identification method	Susceptibility	Resistance	Treatment	Treatment duration, mo	Outcome
Beam et al. (5)	Granulomas–, AFB–	MGIT negative L-J positive at 33 d	16S rRNA	Clarithromycin, ethambutol, rifabutin	amikacin, TMP/SMX Ciprofloxacin, moxifloxacin, rifampin, amikacin, TMP/SMX, linezolid	Synovectomy. clarithromycin, ethambutol, rifabutin	6, ongoing	Improved
This study	Granulomas–, AFB–	MGIT negative L-J positive at 35 d	16S rRNA			Synovectomy. clarithromycin, ethambutol, rifabutin	12	Resolved

\*AFB, acid-fast bacilli staining; L-J, Löwenstein-Jensen culture; MGIT, mycobacteria growth indicator tube; NR, not reported; NA, not applicable; TMP/SMX, trimethoprim/sulfamethoxazole.  
†Time reported from initial symptoms to diagnosis.

## References

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