

# Mycobacterial diseases and tuberculosis

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## ABSTRACT

Mycobacterial diseases are caused by bacteria of the genus *Mycobacterium*, which includes a number of species known to infect humans, animals, and even plants. These diseases range from relatively mild and self-limiting conditions to severe, chronic illnesses that can lead to significant morbidity and mortality if left untreated. One of the most well-known mycobacterial diseases is tuberculosis (TB), caused by the bacterium *Mycobacterium tuberculosis*. TB is a highly contagious disease that is spread through the air when an infected person coughs or sneezes. It primarily affects the lungs but can also spread to other parts of the body, such as the brain, kidneys, or spine. Mycobacterial diseases are a group of bacterial infections caused by the *Mycobacterium* genus, which includes several species that can cause serious illnesses in humans and animals. Some of the most common mycobacterial diseases in humans include tuberculosis, leprosy, and non-tuberculous mycobacterial infections. Tuberculosis is caused by the bacterium *Mycobacterium tuberculosis* and is one of the leading causes of death from infectious diseases worldwide. It primarily affects the lungs, but can also spread to other parts of the body, leading to a range of symptoms such as cough, fever, fatigue, and weight loss.

**Keywords:** Mycobacterium; Mycobacterial diseases; Infect humans; Mycobacterium genus; Tuberculosis

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## INTRODUCTION

Mycobacterial diseases are caused by a group of bacteria known as mycobacteria. These bacteria are unique in that they have a waxy cell wall that makes them resistant to many disinfectants and antibiotics. Mycobacterial diseases can affect various parts of the body and can range from mild to severe [1]. Some of the most well-known mycobacterial diseases include tuberculosis (TB), leprosy, and nontuberculous mycobacterial (NTM) infections. TB, in particular, remains a major global health problem, with an estimated 10 million cases and 1.4 million deaths each year. The diagnosis and treatment of mycobacterial diseases require specialized knowledge and expertise, and early detection is crucial for successful treatment. In this context, understanding the different types of mycobacterial diseases and their clinical features is essential for effective management and control of these infections [2].

The disease is primarily spread through the air when an infected person coughs or sneezes, and is more common in populations with weakened immune systems, such as those with HIV/AIDS. Leprosy, also known as Hansen's disease, is caused by the bacterium *Mycobacterium leprae* and primarily affects the skin, nerves, and mucous membranes of the nose and throat. The disease is primarily spread through prolonged close contact with an infected person, and can cause a range of symptoms including skin lesions, nerve damage, and muscle weakness. Non-tuberculous mycobacterial infections are caused by various species of *Mycobacterium* other than *M. tuberculosis* and *M. leprae* [3]. These infections can affect a range of body systems, including the lungs, skin, and lymph nodes, and are often associated with weakened immune systems or underlying respiratory conditions. Symptoms can include cough, fever, fatigue, and weight loss, and treatment typically involves a combination of antibiotics. Diagnosis of mycobacterial diseases often involves laboratory testing of sputum, blood, or tissue samples, and treatment typically involves a long course of antibiotics. In some cases, surgery may be required to remove infected tissue or drain abscesses [4]. Prevention of mycobacterial diseases involves measures such as vaccination against tuberculosis, good hygiene practices to prevent the spread of infection, and avoiding prolonged close contact with infected individuals. In addition, early diagnosis and prompt treatment of infections can help prevent the spread of disease and improve outcomes for affected individuals [5].

## Symptoms of Tuberculosis (TB)

Symptoms of TB include coughing, chest pain, fever, and weight loss, and can take weeks or even months to develop. TB is typically treated with a combination of

antibiotics over a period of six to nine months. While TB is a curable disease, treatment is often complicated by drug resistance, which can require longer courses of more potent antibiotics. Another mycobacterial disease that is becoming increasingly common is leprosy, caused by the bacterium *Mycobacterium leprae* [6]. Leprosy primarily affects the skin and nerves, and can lead to disfigurement and disability if left untreated. It is spread through contact with infected nasal secretions or skin lesions, but is not highly contagious and can take years to develop after exposure.

Symptoms of leprosy include skin lesions, numbness, and weakness in the hands and feet. It is typically treated with a combination of antibiotics, although treatment can be complicated by drug resistance and the need for long-term therapy [7]. Other mycobacterial diseases that can affect humans include Buruli ulcer, caused by the bacterium *Mycobacterium ulcerans*, and nontuberculous mycobacterial infections (NTM), caused by a variety of mycobacterial species. Buruli ulcer primarily affects the skin and soft tissue, while NTM infections can affect virtually any organ system, including the lungs, skin, and lymph nodes [8]. Buruli ulcer is typically treated with antibiotics, although surgery may be required in more advanced cases. NTM infections are often difficult to treat and may require prolonged courses of antibiotics, sometimes in combination with surgical intervention. Mycobacterial diseases are not limited to humans, however. Animals can also be affected by a variety of mycobacterial species, including *Mycobacterium bovis*, which causes bovine tuberculosis, and *Mycobacterium avium*, which can cause infections in birds, pigs, and other animals [9]. Bovine tuberculosis can be transmitted to humans through the consumption of contaminated dairy products or meat, while avian tuberculosis can be transmitted through the handling of infected birds or their eggs. While these diseases are generally not as common in humans as tuberculosis or leprosy, they can still pose a significant risk to individuals who work closely with animals or consume animal products [10].

## CONCLUSION

Mycobacterial diseases represent a diverse group of illnesses

that can affect humans, animals, and plants. While some mycobacterial diseases can be relatively mild and self-limiting, others can lead to significant morbidity and mortality if left untreated or if treatment is complicated by drug resistance. Proper diagnosis, treatment, and prevention measures are critical to reducing the impact of these diseases on public health.

Mycobacterial diseases are a group of infectious diseases caused by bacteria belonging to the *Mycobacterium* genus. The most well-known mycobacterial disease is tuberculosis, which affects millions of people worldwide and is a major public health concern. Other mycobacterial diseases include leprosy, Buruli ulcer, and infections caused by non-tuberculous mycobacteria. The diagnosis of mycobacterial diseases can be challenging, as these bacteria grow slowly and may not be easily detected using standard laboratory techniques. However, advances in molecular diagnostic methods have led to improved detection and characterization of mycobacteria, which has enabled more accurate diagnosis and appropriate treatment. The treatment of mycobacterial diseases involves the use of antibiotics, often for prolonged periods of time, to eliminate the bacteria from the body. However, the emergence of drug-resistant strains of mycobacteria, particularly in the case of tuberculosis, has posed a major challenge to the control and eradication of these diseases. Efforts to develop new drugs and alternative treatment regimens are ongoing and remain a critical priority. Prevention of mycobacterial diseases involves a combination of strategies, including vaccination, early detection and treatment, infection control measures, and education and awareness campaigns. Implementation of these strategies has been successful in reducing the incidence and prevalence of mycobacterial diseases in many parts of the world.

Mycobacterial diseases represent a significant global health challenge, with tuberculosis being the most prominent example. Diagnosis and treatment of these diseases continue to evolve with the development of new diagnostic tools and drugs, while prevention efforts rely on a multifaceted approach. Continued research and investment in these areas are critical to ultimately reducing the burden of mycobacterial diseases and improving the health of populations worldwide.

## REFERENCES

1. **Ugwu MC, Muoka O, Okezie UM, et al.** Perceptions, Attitude and Knowledge of Five Moments of Hand Hygiene Practices among Healthcare Workers in AwkaAnambra Nigeria. *J Infect Dis Diagn.* 2019;4: 126.
2. **Daar ES, Donfield S, Gomperts E, et al.** Relation between HIV-1 and hepatitis C viral load in patients with haemophilia. *J Acquir Immune Defic Syndr.* 2001;26: 466-472.
3. **Koff RSJJocg.** Risks associated with hepatitis A and hepatitis B in patients with hepatitis C. *J Clin Gastroenterol.* 2001;33: 20-26.
4. **Sajjad SF, Ahmad W, Hussain Jaffery S, et al.** Treatment of chronic hepatitis C in thalassemia major patients. *Clin Liver Dis.* 2017;67: 926-928.
5. **Hmaied F, Ben Mamou M, Saune-Sandres K, et al.** Hepatitis C virus infection among dialysis patients in Tunisia: incidence and molecular evidence for nosocomial transmission. *J Med Virol* 2006;78: 185-191.
6. **Temin HM, Baltimore D.** RNA-directed DNA synthesis and RNA tumor viruses. *Adv Virus Res ADV VIRUS RES.* 1972;17: 129-186.
7. **Barré-Sinoussi F, Chermann JC, Nugeyre MT, et al.** Isolation of a T-lymphotropic retrovirus from a patient at risk for acquired immune deficiency syndrome (AIDS). *Science.* 1983;220: 868-871.
8. **D'Herelle F.** on an invisible microbe antagonistic toward dysenteric bacilli: brief note by Mr F D'Herelle, presented, Mr Roux. *Res Microbiol.* 2007;158: 553-554.
9. **Foucher J, Chanteloup E, Vergniol J, et al.** Diagnosis of cirrhosis by transient elastography (FibroScan): a prospective study. *Gut.* 2006;55: 403-408.
10. **Rouquet P, Froment JM, Bermejo M, et al.** Wild animal mortality monitoring and human Ebola outbreaks, Gabon and Republic of Congo, 2001-2003. *Emerg Infect Dis.* 2005;11: 283-290.