A 45-year-old man was admitted to the intensive care unit for the management of septic shock secondary to infection with *Salmonella enteritidis*. The patient was also found to have *Pneumocystis jiroveci* and *Mycobacterium avium* pneumonia. Further work-up revealed him to be HIV-positive, with a CD4 count of 125/mm³. The patient was started on a treatment regimen of cefotaxim, trimethoprim/sulfamethoxazole, prednisolone, clarithromycin, and ethambutol. He developed severe malnutrition (body mass index 13.2 kg/m², serum albumin 14 g/L) and was referred to our endoscopy center for placement of a percutaneous endoscopic gastrostomy.

Esophagogastroduodenoscopy revealed a whitish nodular pattern in the second part of the duodenum ([Fig. 1](#fig1)), and biopsies were obtained from this region. Pathological examination of these nodules showed extensive infiltration of the lamina propria with foamy histiocytes ([Fig. 2](#fig2)); tests were positive for periodic acid–Schiff reagent ([Fig. 3](#fig3)) and acid-fast staining (with diffuse bacillary inclusions, as shown in [Fig. 4](#fig4)) and negative for cytomegalovirus immunohistochemistry. Duodenal biopsy cultures were positive for *M. avium* and a diagnosis of *M. avium* gastrointestinal infection in a patient with recently diagnosed advanced AIDS was made. Despite intensive care and specific treatment with clarithromycin and ethambutol, the patient died of acute respiratory distress syndrome.

*M. avium* is the most common mycobacterium implicated in infections of the gastrointestinal tract in AIDS. It usually causes fever, diarrhea, and weight loss. Possible duodenal endoscopic findings are: normal mucosa, erythema, whitish exudate, and nodules mimicking Whipple’s disease, this last appearance being the most distinctive feature [1–4]. Notably, this Whipple-like appearance is not only an endoscopic feature but is also seen on microscopic examination on standard staining (but not on acid-fast staining). A similar endoscopic pattern has also been described in a patient with gastrointestinal *Mycobacterium genavense* infection complicating advanced AIDS [5].

**Mycobacterium avium** duodenal infection mimicking Whipple’s disease in a patient with AIDS

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**Fig. 1** Upper digestive tract endoscopy revealed a whitish nodular pattern in the second part of the duodenum.

**Fig. 2** Histological view of duodenal biopsy tissue (hematoeosin-safran stain, original magnification × 40).

**Fig. 3** Histological view of duodenal biopsy tissue after staining with periodic acid–Schiff stain, original magnification × 400.)
**References**


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