

Diagnostic Criteria



Clinical

Pulmonary or systemic symptoms



Radiologic

Nodular or cavitary opacities on chest radiograph, or a high-resolution computed tomography scan that shows bronchiectasis with multiple small nodules



Microbiologic

Positive culture results from ≥ 2 separate expectorated sputum samples. If results are nondiagnostic, consider repeat sputum AFB smears and cultures.

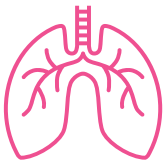
or

Positive culture results from ≥ 1 bronchial wash or lavage

or

Transbronchial or other lung biopsy with mycobacterial histologic features (granulomatous inflammation or AFB) and positive culture for NTM or biopsy showing mycobacterial histologic features (granulomatous inflammation or AFB) and ≥ 1 sputum or bronchial washings that are culture positive for NTM

Obtaining Respiratory Samples



Obtain 3 Respiratory Samples Over at Least a 1 Week Interval in order to distinguish NTM-LD from the occasional presence of NTM in the tracheobronchial tract.

Drug Susceptibility Testing

Species

Key Drugs to Test

M. avium complex

Amikacin
Macrolides

M. kansasii

Macrolides
Rifampicin

If resistance is identified to rifampicin or macrolides, test susceptibilities for:

Amikacin	Minocycline
Ciprofloxacin	Moxifloxacin
Doxycycline	Rifabutin
Linezolid	Trimethoprim-sulfamethoxazole

M. abscessus

Amikacin	Imipenem
Cefoxitin	Linezolid
Ciprofloxacin	Macrolides
Clofazimine	Moxifloxacin
Doxycycline	Tigecycline