A 58-year-old woman presented to an outpatient clinic with painless swellings around several joints and drenching night sweats. She had been treated with high doses of glucocorticoids for more than 20 years for dermatomyositis and the pulmonary fibrosis associated with it. On examination, she was cachectic and had nontender swellings of the bursae in the subacromial (Panel A) and olecranon (Panel B) regions, as well as tenosynovitis of the extensor tendon sheaths of both hands (Panel C). A test for human immunodeficiency virus was negative, and no other immunodeficiency was identified. Aspiration of the bursae revealed pus in three distinct locations (the left hand and the right subacromial and olecranon bursae); culture of the pus grew *Mycobacterium avium* complex. The patient subsequently received clarithromycin, rifabutin, and ethambutol for several months, without any clinical response. Four months after the treatment was initiated, she was admitted to the hospital with worsening dyspnea and died from complications of interstitial fibrosis.

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