

## CHAPTER VI

### CONCLUSION

The mycobacteria were isolated from HIV-infected patients who were admitted in 4 hospitals and their environment in Chiangmai province. The 4 hospitals are Maharaj Nakorn Chiangmai hospital, Nakornping hospital, Sanpatong hospital and Sansai hospital. The environment samples were water supply, soil and stool of livestock. The mycobacteria were classified into 2 groups including slow-growing mycobacteria and rapid-growing mycobacteria. The slow-growing mycobacteria were classified as *M. tuberculosis* 91 isolates, *M. avium* 72 isolates, *M. intracellulare* 40 isolates, *M. scrofulaceum* 38 isolates, unclassified MAC 16 isolates, *M. kansasii* 1 isolate and *Mycobacterium* spp. 27 isolates by PCR-REA technique. The *M. avium* were isolated from blood and any sputum of 36 patients (9.1%) only but not found in the environment. So, it was the question for the origin of infection. The DNA fingerprinting of 76 *M. avium* isolates from the patients were studied. Twenty isolates (26.3%) did not hybridize with IS1245 probe. The others had 2 to 31 bands. Twenty-three IS1245-hybridization patterns were found. The patterns could be divided into 4 groups including group I or a low-copy-number group had 2 to 4 bands (30.3%), group II had 8 to 9 bands (16.1%), group III had 13 to 14 bands (16.1%), and group IV had 17 to 31 bands (37.5%). The RFLP showed the very high diversity percentage (82%). This indicated the directly infection from the environmental not by the specific epidemic strain. The sex ratio of each group of the bacteria were not significantly difference ( $p=0.599$ ).

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