effusion without defined primary tumor was considered. Tumor markers (CA 19-9, CA 15-3, total PSA, free PSA, alpha-fetoprotein) were normal. The patient remained afebrile, without leukocytosis, and with C-reactive protein <3. On 18/01/25 he was discharged to primary care in good general condition. On 30/04/25 the pleural fluid culture for mycobacteria, processed as BK and confirmed by Instituto Adolfo Lutz, identified *Mycobacterium lentiflavum*. Contacted by phone, the patient reported regular follow-up at the primary care unit, asymptomatic, afebrile, without dyspnea and without specific medications.

Comments: Pulmonary infection caused by M. lentiflavum is rare and likely underreported in countries with a low prevalence of NTM. This case highlights the importance of laboratory surveillance and the use of specific diagnostic methods to identify this emerging pathogen, allowing for more precise therapeutic guidance, since the susceptibility profile of M. lentiflavum differs from that of other NTM species. Reports like this are essential to promote clinical and microbiological discussion regarding respiratory infections caused by uncommon microorganisms.

Keywords: Mycobacterium lentiflavum, Nontuberculous mycobacteria, Pleural effusion.

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SYSTEMATIC REVIEW AND META-ANALYSIS OF THE DIAGNOSTIC ACCURACY OF SWAB CULTURES VERSUS TISSUE BIOPSY FOR THE DIAGNOSIS OF DIABETIC FOOT INFECTIONS

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Objective: To evaluate and compare the diagnostic accuracy of swab cultures versus tissue biopsy in identifying pathogens causing infection in patients with diabetic foot, and to assess the agreement between microbiological results. To compare sensitivity, specificity, and overall diagnostic performance of swab cultures versus biopsy, using tissue biopsy as the reference standard in infected diabetic foot wounds.

Methods: A systematic review and meta-analysis were performed based on searches in CINAHL, Embase, and PubMed, including studies from database inception to April 9, 2025. Studies comparing diagnostic accuracy or lists of pathogens identified by swab and tissue biopsy in adult patients with diabetic foot infection were included. A random-effects diagnostic accuracy meta-analysis was conducted.

Results: Seventeen studies including 1,581 participants met inclusion criteria. Swab cultures identified 765 gram-positive pathogens compared with 875 detected by tissue biopsy, and 457 gram-negative pathogens compared with 452 identified by biopsy. The three most prevalent species were *Staphylococcus aureus* (~12.0%), *Streptococcus* spp. (~5.0%), and *Enterococcus* spp. (~4–5%). Concordance rates for microbial species identified by swab and biopsy showed high heterogeneity, ranging from 25% to 90%. Five studies provided sufficient data and were included in the meta-analysis. Pooled sensitivity and specificity of swab cultures for detecting diabetic foot infection were 84.8% and 68.0%, respectively, using tissue biopsy as the reference standard. Subgroup analyses showed higher pooled sensitivity and specificity for gram-negative pathogens (85.2% and 92.9%, respectively) compared with gram-positives (76.8% and 81.0%, respectively).

Conclusion: Swab cultures show good diagnostic performance for identifying gram-negative pathogens and may be considered acceptable for detecting gram-positive pathogens. Although tissue biopsy remains the reference standard, swab sampling can be a feasible alternative in resource-limited settings, in superficial infections, or when biopsy is contraindicated due to local restrictions.

Keywords: Diabetic foot, Swab, Biopsy, Diagnostic accuracy.

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COMMUNITY-ACQUIRED NON-TYPHOIDAL SALMONELLA ENTERICA AFTER THE 2024 FLOOD IN PORTO ALEGRE: DATA FROM A HIGH-COMPLEXITY PRIVATE HOSPITAL

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Introduction: In May 2024, Rio Grande do Sul (RS) experienced one of the largest floods in its history, with an increase in gastrointestinal infections. This study aimed to present the prevalence of community-acquired non-typhoidal *Salmonella enterica* identified in a high-complexity private hospital.

Methods: Cross-sectional observational study using microbiological data from the Infection Control Service. All cultures with identification of non-typhoidal *S. enterica* from 2022 to May 2025 were evaluated regarding origin (community-acquired versus nosocomial). Identification was performed using MALDI-TOF. In addition to conventional cultures, diagnoses by multiplex real-time PCR (FilmArray) for gastroenteritis were also assessed. Data were compared with relevant environmental events and scientific literature on outbreaks following floods.

Results: From 2022 to April 2024, 28 clinical cultures with community-acquired non-typhoidal *S. enterica* were observed