ISSN: 0975-833X

Available online at http://www.journalcra.com

International Journal of Current Research
Vol. 15, Issue, 08, pp.25523-25528, August, 2023
DOI: https://doi.org/10.24941/ijcr.45785.08.2023

INTERNATIONAL JOURNAL OF CURRENT RESEARCH

RESEARCH ARTICLE

A CASE OF PULMONARY TUBERCULOSIS WITH TUBERCULOMA

[1]Dr. Prathvi Nandalike, [2]Dr. Rahul R Raikar, [3*]Dr. Nimrah Fathima, [4]Dr. Sandhya Rani and [5]Dr. Arpitha

[1]Assistant Professor, Department of medicine, VIMS Ballari, India
[2]Assistant Professor, MCH Neurosurgery resident, department of Neurosurgery, Vims Ballari, India
[3]Assistant Professor, Department of Medicine, JSS AHER, Mysuru, India
[4]Assistant Professor, Department of Medicine, Adichunchangiri Institute of Medical Sciences, Mandya, India
[5]Junior resident, Department of Medicine, VIMS Ballari, India

ARTICLE INFO

Article History:
Received 14th May, 2023
Received in revised form
18th June, 2023
Accepted 20th July, 2023
Published online 28th August, 2023

Key words:

PTB Pulmonary Tuberculosis
ATT – Anti tubercular drugs
MRI Magnetic Resonance Imaging
HRCT- High Resonance Computed Tomography, CBNAAT – Catridge Based Nucleic Acid Amplification Test
GCS – Glassglow Coma Scale.

**Corresponding Author:*
Dr. Nimrah Fathima

ABSTRACT

Introduction: 78 year old female presented to the Emergency with altered sensorium since two hours with the BP OF 240/120 mmHg with the GCS of 9/15. Right plantar extensor with pupils bilateral equal and reactive with normal fundus, bronchial breath sounds on left infra clavicular and mammary area. **Investigation:** Blood parameters showed microcytic hypochromic picture with haemoglobin of 10.9,increased total counts of 12000 and normal platelets renal and liver function tests, normal serum electrolytes and urine analysis. ECG showed lvh strain, Chest x-ray showed left upper lobe non homogenous opacity present suggestive of pneumonia. SPUTUM CBNAAT came positive MTB Detectable HRCT Thorax confirmed pneumonia suggestive of tubercular origin. CT BRAIN showed? Granuloma/ ring enhancing lesion in left parietal lobe. MRI BRAIN suggestive of ring enhancing lesion mostly probably tuberculoma. 2D Echo shows hypertensive heart disease with concentric left ventricular hypertrophy with normal systolic function and grade 2 LV diastolic dysfunction. **Discussions:** Patient was diagnosed to have accelerated hypertension with sputum positive pulmonarytuberculosis and Tuberculoma inthe left parietal lobe. Patient was started on ATT with pyridoxine after confirmation of PTB and antihypertensives. Patient came for follow up after 1week with all parameters normal and no vomiting or headache. **Conclusions:** We have come to a conclusion that any patients who presents with altered sensorium needs to suspect neuro infection. Clinical examination along with investigations will give you a clear picture and confirmed diagnosis of the same.

Citation: ***Dr. Prathvi Nandalike, Dr. Rahul R Raikar, Dr. Nimrah Fathima, Dr. Sandhya Rani and Dr. Arpitha.*** **2023.** "A case of pulmonary tuberculosis with tuberculoma*". International Journal of Current Research*, 15, (08), 25523-25528.

INTRODUCTION

78 year old female presented to the Emergency with altered sensorium since two hours with the BP OF 240/120 mmHg with the GCS of 9/15. Right plantar extensor with pupils bilateral equal and reactive with normal fundus, bronchial breath sounds on left infra clavicular and mammary area.

Investigation: Blood parameters showed microcytic hypochromic picture with haemoglobin of 10.9, increased total counts of 12000 and normal platelets renal and liver function tests, normal serum electrolytes and urine analysis. ECG showed lvh strain, Chest x-ray showed left upper lobe non homogenous opacity present suggestive of pneumonia.

SPUTUM CBNAAT came positive MTB Detectable

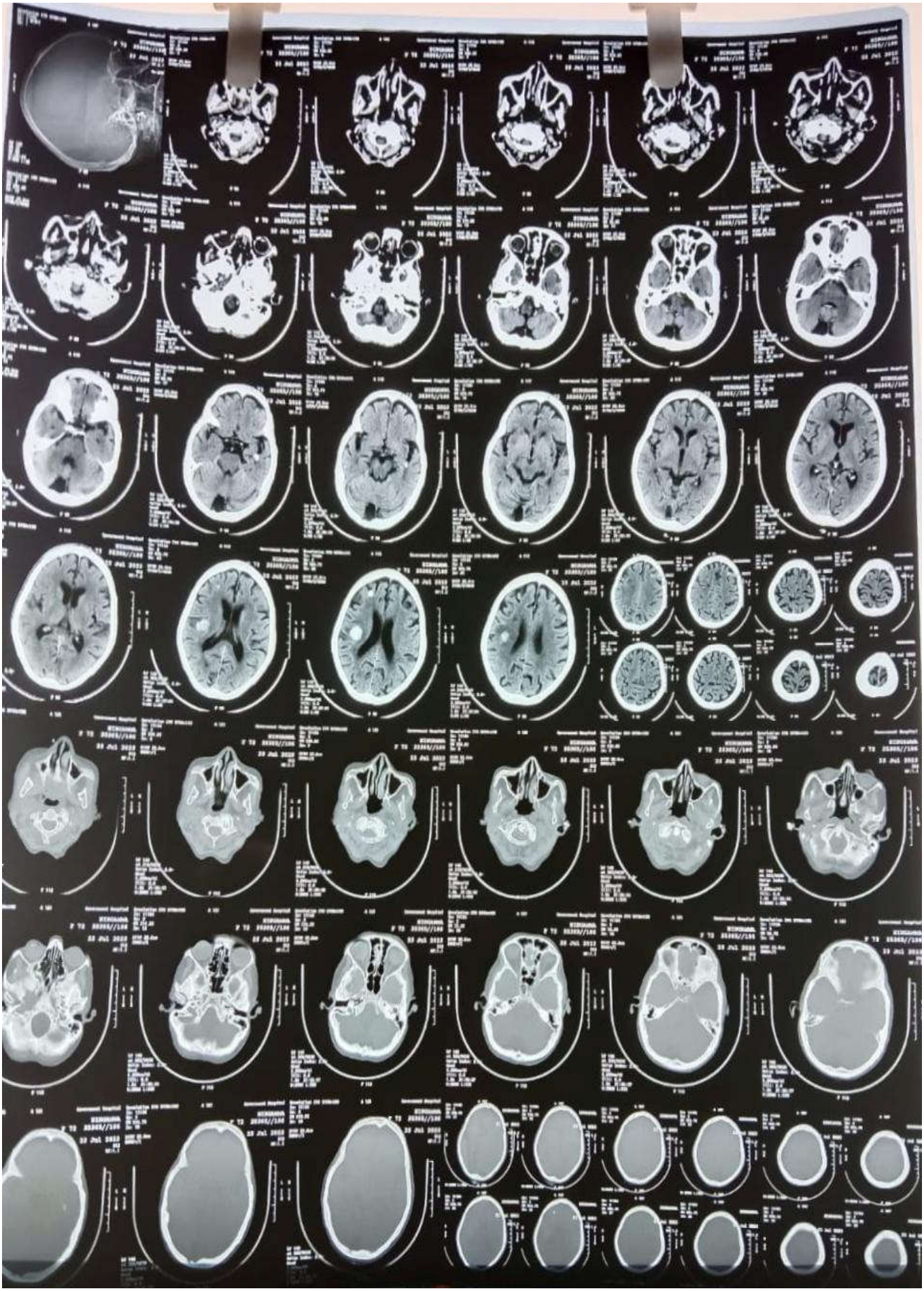
HRCT Thorax confirmed pneumonia suggestive of tubercular origin. CT BRAIN showed? Granuloma/ ring enhancing lesion in left parietal lobe. MRI BRAIN suggestive of ring enhancing lesion mostly probably tuberculoma.

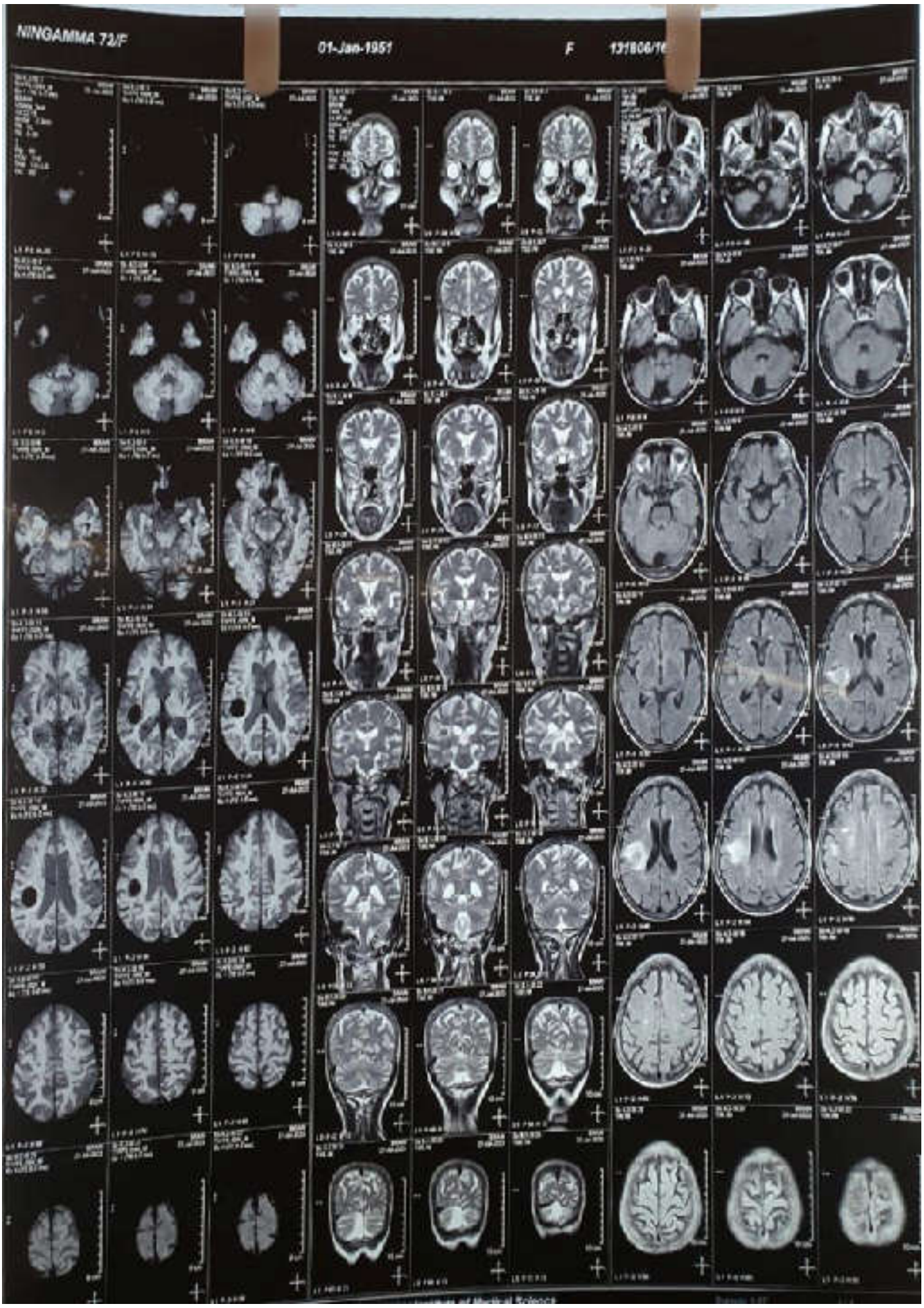
2D Echo shows hypertensive heart disease with concentric left ventricular hypertrophy with normal systolic function and grade 2 LV diastolic dysfunction.

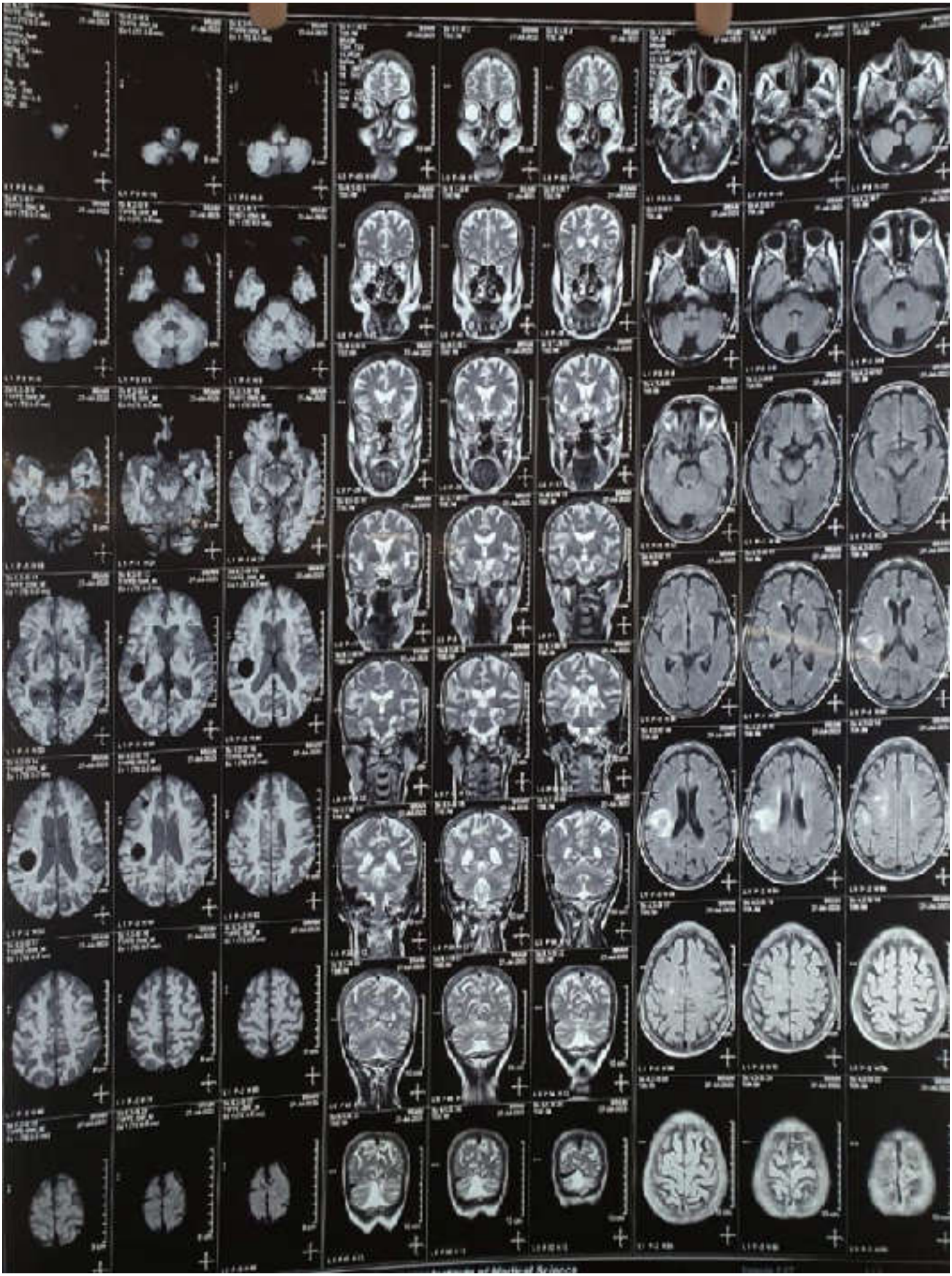
DISCUSSION

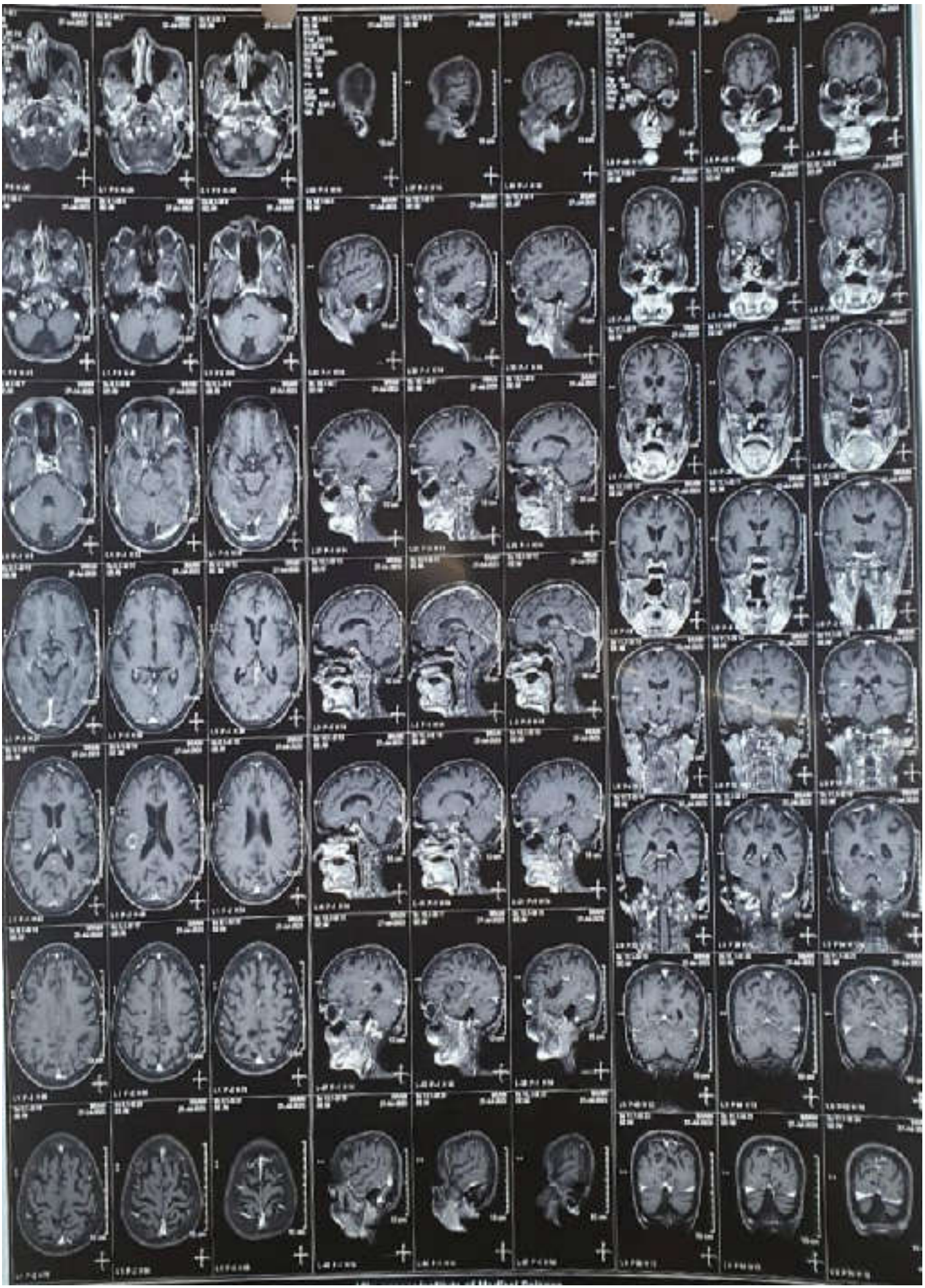
Patient was diagnosed to have accelerated hypertension with sputum positive pulmonary tuberculosis and Tuberculoma in the left parietal lobe of the brain.

CT BRAIN showing lesion in the left parietal lobe




NINGAMMA 72/F
01-Jan-1951
F





MRI BRAIN showing ring enhancing lesion

Patient was started on ATT with pyridoxine after confirmation of PTB and antihypertensives. Patient came for follow up after 1week with all parameters normal and no vomiting or headache.

CONCLUSION

We have come to a conclusion that any patients who presents with altered sensorium needs to suspect neuro infection. Clinical examination along with investigations will give you a clear picture and confirmed diagnosis of the same. Patients with pulmonary tuberculosis should also be looked for extra pulmonary involvement especially when patient comes with altered sensorium. extra pulmonary involvement especially when patient comes with altered sensorium.

REFERENCES

1. Virulence factors of the Mycobacterium tuberculosis complex. Forrellad MA, Klepp LI, Gioffré A, et al. Virulence. 2013;4:3–66. [PMC free article] [PubMed] [Google Scholar]
2. Detection and identification of mycobacteria by amplification of rRNA. Böddinghaus B, Rogall T, Flohr T, Blöcker H, Böttger EC. J Clin Microbiol. 1990;28:1751–1759. [PMC free article] [PubMed] [Google Scholar]
3. Restricted structural gene polymorphism in the Mycobacterium tuberculosis complex indicates evolutionarily recent global dissemination. Sreevatsan S, Pan X, Stockbauer KE, Connell ND, Kreiswirth BN, Whittam TS, Musser JM. Proc Natl Acad Sci U S A. 1997;94:9869–9874. [PMC free article] [PubMed] [Google Scholar]
4. A new evolutionary scenario for the Mycobacterium tuberculosis complex. Brosch R, Gordon SV, Marmiesse M, et al. Proc Natl Acad Sci U S A. 2002;99:3684–3689. [PMC free article] [PubMed] [Google Scholar]
5. Global tuberculosis report. https://www.who.int/ publications/i/ item/9789240013131 2020
6. Epidemiology of tuberculosis in Spain. Results obtained by the National Epidemiological Surveillance Network in 2015. Cano-Portero R, Amillategui-Dos Santos R, Boix-Martínez R, Larrauri-Cámara A. Enferm Infecc Microbiol Clin. 2018;36:179–186. [PubMed] [Google Scholar]
7. Talavera W, Kalus-Dieter KL Lesnau, Handwerger S. Boca Raton, FL: CRC Press; 1994. Extrapulmonary tuberculosis. Tuberculosis: current concepts and treatment. [Google Scholar]
8. Clinical and epidemiological features of extrapulmonary tuberculosis in a high incidence region. Pérez-Guzmán C, Vargas MH, Arellano-Macías Mdel R, Hernández-Cobos S, García-Ituarte AZ, Serna-Vela FJ. Salud Publica Mex. 2014;56:189–196. [PubMed] [Google Scholar]
9. Extrapulmonary tuberculosis in the United States. Rieder HL, Snider DE Jr, Cauthen GM. Am Rev Respir Dis. 1990;141:347–351. [PubMed] [Google Scholar]
10. CDC. Extrapulmonary tuberculosis cases and percentages by site of disease: reporting areas, 2005. Centers for Disease Control and Prevention, Atlanta, GA. http://www.cdc.gov/ tb/surv/surv2005/PDF/ table27.pdf CDC. 2005

****