



A case of pleural tuberculosis

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#18541

PERSONAL HISTORY:

A 72-year-old patient with a personal history of hypertension and diabetes mellitus under treatment with gliclazide, metformin, ASA and valsartan.

CURRENT ILLNESS:

He goes to the emergency room, referring to progressive deterioration of one month of evolution, low-grade fever and dyspnea of moderate efforts with unquantified weight loss

PHYSICAL EXPLORATION:

On examination, good general condition, conscious and oriented, well hydrated and perfused, eupneic at rest. In rhythmic auscultation, without murmurs, global hypoventilation. Lower limbs do not edema or signs of deep vein thrombosis.

KEYWORDS:

Tuberculosis, pleural effusion, granulomas

SUPPLEMENTARY TESTS:

- Analytical was performed: hemoglobin 12.5, leukocytes 5900, neutrophils 14%, normal coagulation, glucose 214, creatinine 0.82, sodium 119, potassium 3.3, PCR 54, normal tumor markers.
- Chest x-ray: left pleural effusion of 50%.
- Pleural fluid: compatible with predominant lymphocyte exudate with elevated ADA.
- CT chest: without mediastinal or axillary adenopathies, left pleural effusion with anterolateral loculation that causes condensation of the left lower lobe and lingula and mediastinal medialization, minimal right pleural effusion.
- Negative smear microscopy.
- Negative pleural fluid cytology.
- Pleural biopsy: necrotizing granulomas compatible with pleural tuberculosis.

CLINICAL JUDGEMENT:

Pleural tuberculosis

EVOLUTION:

After being assessed in the emergency room, entrance into pulmonology is taken. During admission it remains hemodynamically stable. Pleural biosis is performed with results compatible with tuberculosis. After the test, drains 1250 cc of serous pleural fluid. In radiological control prior to discharge, minimal left pleural effusion. She is discharged with rifampicin, isoniazid, pyrazinamide and ethambutol for two months and then isoniazid / rifampicin for 4 months and review appointment in pneumology

CONCLUSIONS:

Pleural tuberculosis is one of the most frequent presentations of tuberculosis. For its diagnosis it is required in pleural fluid analysis to demonstrate the presence of Mycobacterium tuberculosis.