

7. Kongres Hrvatskog
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TUBERCULOSIS - THE ETERNAL CHALLENGE

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2. odjel

Introduction

Tuberculosis (TB) remains a major global public health problem, with 1,8 million deaths annually worldwide, including HIV positive patients. In 2014, the incidence in Croatia was 11.5% (486 total number of cases) with 50 cases of fatal outcome.

Despite the progress and advantages of modern medicine it still remains a diagnostic problem and challenge as well as it was in history.

We present a patient with initially suspected expansive lung process and/or severe absconding pneumonia with polymicrobial etiology that was later empirically proven to be *Mycobacterium tuberculosis* infection.

Case presentation

A 46-year old male, active smoker (p/y 40) with productive cough lasting for one month, without any other comorbidities, was hospitalized due to radiologically verified extensive pulmonary infiltration with destruction and aeroliquid level.

Clinically dominant signs and symptoms were exhaustion, anorexia, secondary anemia and hypoproteinemia. Arterial blood gases were normal. MSCT verified a big expansive lesion (8 cm) in right lower lobe with thick edges and aeroliquid level, with infiltration in adjacent parenchima. There were no lymphadenopathy or pleural effusion found.

Fiberoptic bronchoscopy revealed right sided bronchi filled with pus and a white endoluminal lesion in intermediate bronchus. Microbiological samples were positive on *E.coli*, *Streptococcus* spp., *Staphylococcus* spp. and *C. albicans*.

All samples were negative for ARB and citology revealed no signs of malignancy. After several lines of specific

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targeted antimicrobial therapy there was no radiological or clinical response. Empirically, antituberculous treatment was started. After 2 weeks of treatment there was satisfactory clinical response with radiologically regressive dynamic of lesions. In the further course of treatment, normalization of pathological laboratory findings was followed with the recovery of clinical status and a complete regression on chest x-ray. All sputum cultures came negative for *M. tuberculosis*.

Conclusion

It is necessary to be aware of possible specific etiology of pulmonary infiltrates that didn't regress to a specific targeted antimicrobial therapy and malignant etiology was excluded due to invasive diagnostic procedures. Awareness of diagnostic difficulties of tuberculosis and the possibility of co-infections is extremely important in our every day practice.