Miliary Tuberculosis with pleural effusion

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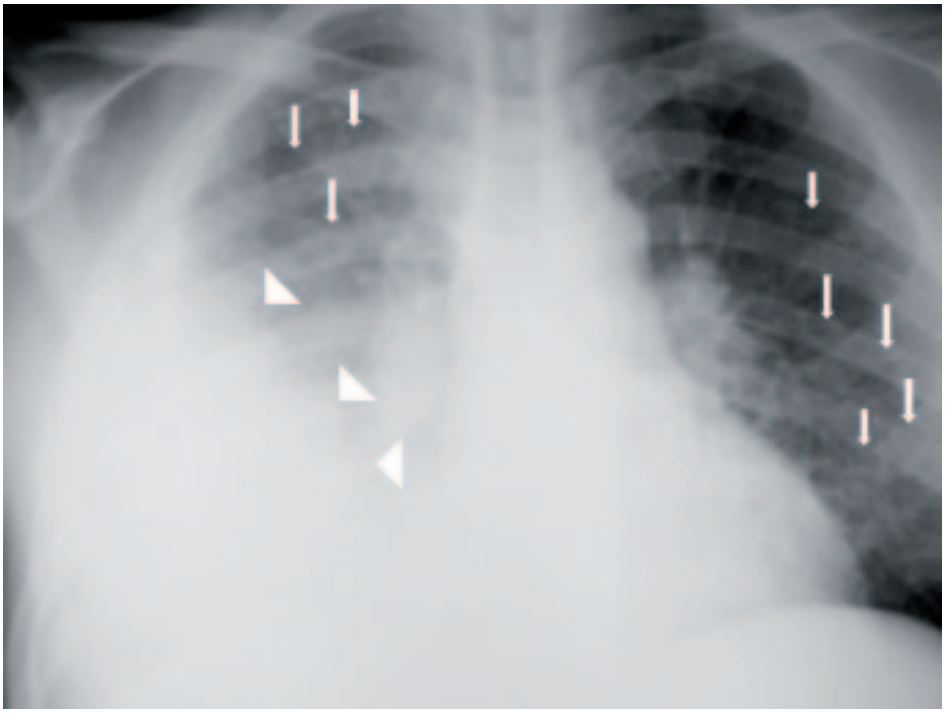

Flechas pequeñas: zonas de concentración de lesiones micronodulares "en grano de mijo".
Flechas grandes: límites del derrame pleural.

Chest Radiograph depicting the lung, with micronodular interstitial spread (millet-like seeding), severe right pleural effusion and bilateral hilar thickening.

This image corresponds to a 41 year old patient, who had been under imprisonment several times and had a history of intravenous drug use. He also had a HIV infection known since July 1996, immunodeficiency and had undergone multiple antiretroviral regimens with inappropriate adherence; he also presented coinfection by HCV. Tuberculin Skin Testing was positive (13mm) in 1997 but there is no reference in the clinical history that LTBI therapy was then instituted or even offered. He is derived to our facility and upon entry he presents malaise, and physical exploration revealed: temperature: 37.7ºC, diffused rhonchi, bradypsychia, and a oxygen saturation of 85%. Chest radiograph is therefore indicated and the patient is transferred to the reference hospital, where thoracentesis is performed. This revealed a positive result of the polymerase chain reaction (PCR) for mycobacterium and smear tests were negative. He then initiated TB treatment with an excellent response. One month later the result of pleural liquid in Löwestein medium revealed colonies of Mycobacterium tuberculosis susceptible to all first line agents.

This is a clear example of military tuberculosis which could have probably been prevented if LTBI therapy had been instituted, since HIV is the main risk factor for developing the disease in those patients who are already infected.

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