

Emergencies A Series - 9

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In this series, we will discuss 3 cases of tuberculosis and a note on tuberculosis affecting other systems.

Patient 1

A 40-year-old female weighing 35 Kg cachexic with high-grade fever was admitted. Her chest X-ray showed suspected Pulmonary tuberculosis. She was managed with rifampicin, Isoniazid, ethambutol and pyrazinamide. She was a diabetic, She was on oral hypoglycemic agents. She deteriorated further and developed severe jaundice. Rifampicin /INH and pyrazinamide can cause hepatic injury. These drugs were withdrawn from the regime. She was only on ethambutol and streptomycin along with insulin for her diabetic status. After stopping these drugs, the patient's jaundice improved. and she also improved with ethambutol and streptomycin she gained approximately 10 kgs in 6 months. Her insulin was stopped, and she was only on oral hypoglycemic agents.

Patient -2

A 35-year-old female with prolonged febrile illness was brought to the hospital by her farm owner. She was treated in a private hospital and discharged in a deteriorating condition. On examination, she had neck stiffness. Suggestive of meningitis. Lumbar puncture was done and CSF analysis was not suggestive of pyogenic meningitis. She was treated as a case of tuberculous meningitis with anti-tuberculosis drugs under antibiotic coverage. During illness, she had third cranial nerve palsy. She showed marked improvement with ATT in about 15 days. Her

third nerve palsy was recovered, and she was continued on the DOTS regime.

Patient -3

A 45-year-old female with fever and loss of weight about 5 kgs. She had no coughs. She was toxic, her Chest X-ray was normal, ESR done a year before was 20 mm/ hr. Her ESR after 6 months was 50 mm/ hr and her current ESR was 120 mm/hr. Mantoux hyper positive >20mm Hg. Blood PCR for TB was negative. The only positive result was IGM Antibody for TB. She was treated as a case of nonpulmonary tuberculosis. She was started on 4 drugs /2 drugs regime. The fever persisted, even after 10 days with the added ofloxacin. She developed severe gastritis and started vomiting. Endoscopy - antral gastritis. Her Ethambutol was stopped because she complained of problems with vision and streptomycin was added. Then she developed giddiness in the form of swaying and streptomycin was also withdrawn. All anti-tuberculosis drugs were stopped for a week. she was put on pantoprazole and after her gastric problem improved. she was put on INH, Drugs Rifampicin and pyrazinamide for 3 months. Rifampicin and INH continued for 6 months. She had gained approximately 10 kgs Rifampicin, INH and Streptomycin can cause static imbalance. The imbalance caused by streptomycin involves the 8th cranial nerve and the damage is permanent, not in this patient.

Few Rare Cases of Tuberculosis.

A male around 60 years old came with a nonhealing ulcer in the perianal region. A biopsy was done. The report of the biopsy showed a

granulomatous ulcer. The patient was treated with ATT and the ulcer healed.

A 60-year-old male father of ex-servicemen had persistent lower abdominal pain. A colonoscopy was performed, and a biopsy of the colonic mucosa was reported as a granulomatous lesion suggestive of tuberculosis. He was treated with ATT. He was free from abdominal pain after the treatment. An ex-serviceman, a known diabetic presented with chest pain, cough and sputum. Sputum AFB was

positive. Chest X-ray showed consolidation type of lesion. He was treated with a course of ATT for 6 months. Even after a full course of therapy, AFB was still positive. According to the sputum sensitivity report he was put on Rifabutin, Amikacin, and Levofloxacin. Advised to continue treatment for 24 months.

Reference

1. A Book on Tuberculosis 2nd edition Editor Surendra K. Sharma