

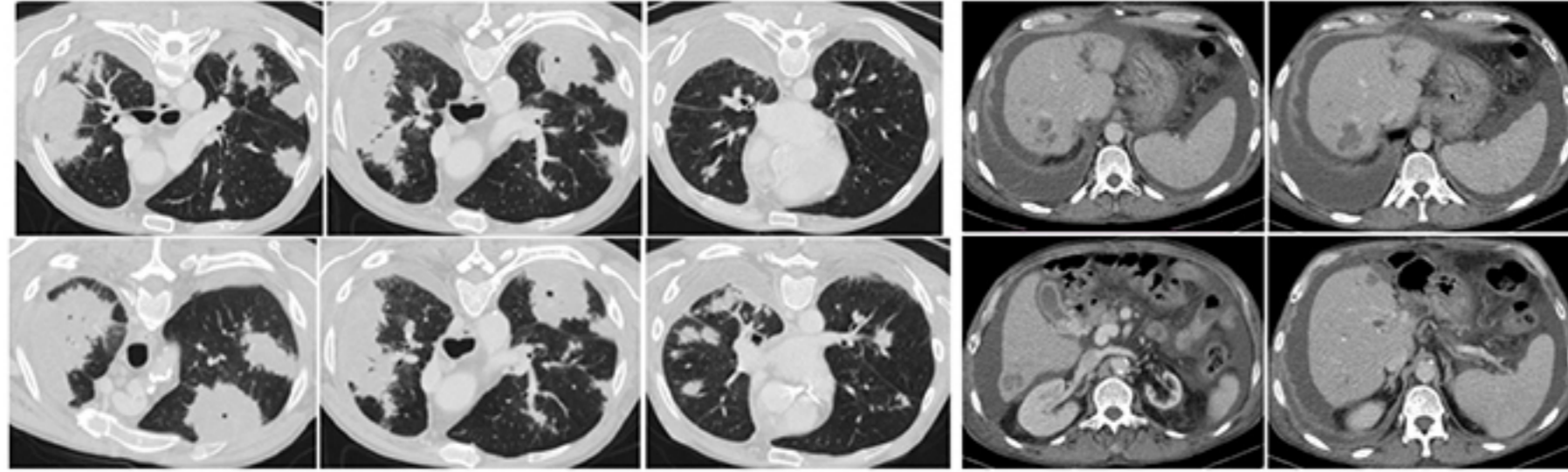
INTRODUCERE

Aspectul clinico-radiologic atipic ca modalitate de debut a tuberculozei poate reprezenta o cauza de intarziere a diagnosticului, fapt ce necesita adesea un abord multidisciplinar si investigatii suplimentare celor general utilizate (radiografie toracica, examenul bacteriologic al sputei).

DESCRIEREA CAZULUI

Pacient 55 ani, fost fumator (30PA), consumator cronic de alcool, cu boala cardiaca ischemica (infarct miocardic, angioplastie stent 2018) si accident vascular cerebral ischemic (2017)

- debut simptome in ian 2021 cu deficit motor tetramelic proximal, rabdomioliza, insuficienta renala acuta (Cr 6,4mg/dL, anurie)
- CT cerebral exclude AVC
- reechilibrare hidroelectrolitica → remiterea IRA
- apare dispnee de efort, dificultate la mobilizarea activa si mers
- feb 2021 → internare INBCV
- biologic:
 - rabdomioliza (CK 887 UI/L, TGP 242 UI/L si TGO 662 UI/L)
 - insuficienta renala (Cr:2mg/dL), hiponatremie (124 mmol/L)
 - sd. Inflamator (VSH – 98 mm/h, PCR – 112 mg/dL)
 - anemie (10g/dL), normocromia, normocitara, normosideremica



DIAGNOSTIC DE LUCRU

- tumora pulmonara** cu determinari secundare si fenomene paraneoplazice
 - polimiozita/miopatie, SIADH (hiponatremie), anemie
- boala inflamatorie autoimuna** cu determinari multiple de organ (Wegener)
 - insuficienta renala, anemie, miopatie

Investigatii suplimentare

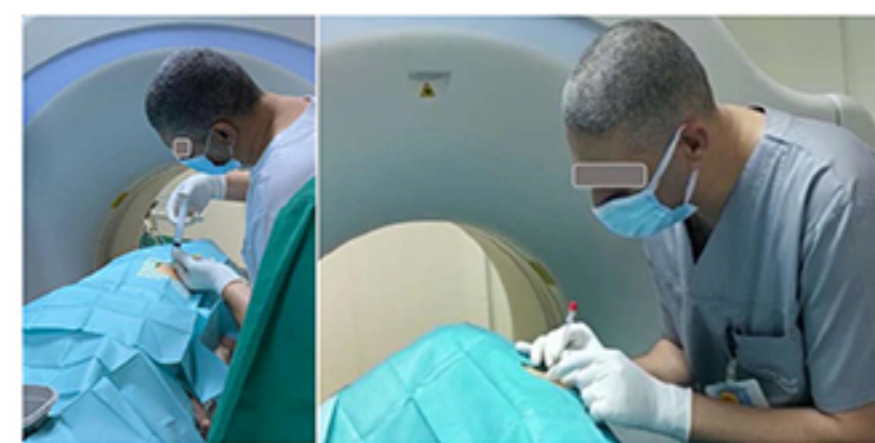
- CT cap, torace, abdomen cu SC
- bilant boala de sistem (cANCA, pANCA, FR, ANA)
- sumar urina
- cANCA, pANCA, FR, ANA → negativi
- sumar urina → fara proteinurie sau hematurie

PRO / CON

- **neoplazie (pulmonara / hepatica)**
 - cu determinari secundare multiple
 - fenomene paraneoplazice asociate (polimiozita, hiponatremie-SIADH)
- **granulomatoza Wegener**
 - anticorpilor cANCA si pANCA negativi
 - fara afectare rinosinusală

IPMN

- toracocenteza
- fibrobronhoscopie / biopsie / LBA
- punctie transtoracica ghidata CT / eco



BIBLIOGRAFIE

- Yu RS, Zhang SZ, Wu JJ, Li RF. Imaging diagnosis of 12 patients with hepatic tuberculosis. World J Gastroenterol. 2004 Jun 1;10(11):1639-42. doi: 10.3748/wjg.v10.i11.1639. PMID: 15162540; PMCID: PMC4572769.
- Kawamori Y, Matsui O, Kitagawa K, Kadoya M, Takashima T, Yamahana T. Macronodular tuberculoma of the liver: CT and MR findings. AJR Am J Roentgenol. 1992 Feb;158(2):311-3. doi: 10.2214/ajr.158.2.1729789. PMID: 1729789.
- Kakkar C, Polnaya AM, Koteshwara P, Smiti S, Rajagopal KV, Arora A. Hepatic tuberculosis: a multimodality imaging review. Insights Imaging. 2015;6(6):647-658. doi:10.1007/s13244-015-0440-y

REZULTATE INVESTIGATII

Toracocenteza

20 ml lichid pleural cu aspect opalescent

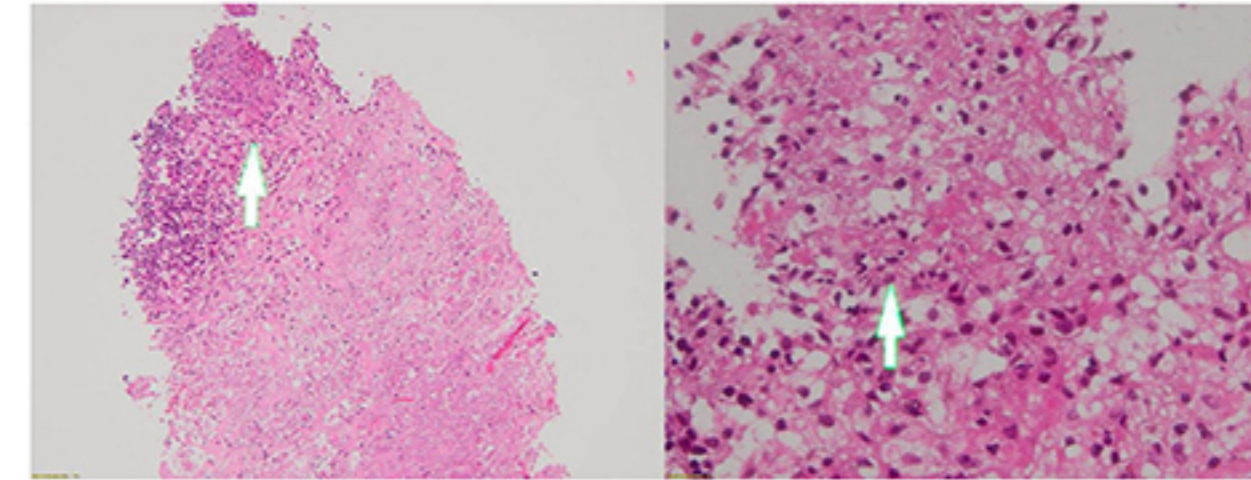
- proteine totale 0.31 g/dL
- LDH 54 U/L
- glucoza 90mg/dL
- **ADA 15.45 U/L**
- amilaza 10 U/L
- **BAAR absent (Z-N), Mycobacterium Tuberculosis nedetectat (GeneXpert)**
- citologie fara celule tumorale

Fibro bronhoscopie / biopsie / lavaj bronhoalveolar

- aspect bronitic difuz bilateral
- fara elemente proliferative pana la nivelul subsegmentelor de ordinul 2
- LBA segment Fowler drept
 - fara elemente fungice, **BAAR ±**
 - citologia
 - **fara celule neoplazice**
 - fara sindrom hemoragic alveolar
- examen bacteriologic sputa post bronhoscopie
 - Ziehl-Neelsen **BAAR pozitiv**
 - GeneXpert RIF/TB
 - **mycobacterium tuberculosis detectat nivel inalt**
 - fara rezistenta identificata la RMP

Examen HP

- nu se observa leziuni vasculitice si nici aspecte tumorale
- tesut pulmonar necrozat marginit focal de un infiltrat inflamator alcuituit din **limfocite, histiocite, macrofage spumoase**



Coloratie HE; marire x10 Coloratie HE; marire x40

TRATAMENT

Examen HP exclude neoplazie / vasculita

Confirmare bacteriologica din sputa, aspirat bronsic a etiologiei TB

→ tratament antituberculos 9 luni

2HRZE 7/7 + 7HR 3/7

toleranta buna digestiva, biologica, negativare in sputa si culturi de la T2

PARTICULARITATEA CAZULUI

- tuberculoza pulmonara forma pseudotumorală confirmata bacteriologic si histopatologic
- diagnostic intarziat de prezentare clinica atipica
- factor de confuzie
 - etilismul cronic care poate explica manifestarile initiale
- suspiciune initiala inalta de boala Wegener
 - aspect radiologic, paraclinic, miopatie

DISCUTII

leziunile (macro) nodulare hepatice?

- etiologie TB?

Rhabdomyolysis and acute renal failure in chronic alcoholics with myopathy, unrelated to acute alcohol ingestion.

Saltissi D, Parfrey PS, Curtis JR, Gower PE, Phillips ME, Woodrow DF, Valkova B, Perkin GD, Sethi KD

Clinical Nephrology, 01 May 1984, 21(5):294-300