



Images in medicine

Pulmonary tuberculosis – Still a reality

Tuberculosis pulmonar – sigue siendo una realidad

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Figure 1.

A 53-year-old male patient presented to the ER with dyspnoea for the past 3 months. He mentioned cough with mucopurulent sputum and weight loss of approximately 10 kg. There was no history of fever or hemoptysis. The patient had a personal history of COPD, smoking and excessive alcohol consumption.

On physical examination, the patient presented with cachexia and polypnea, a rude vesicular murmur and bilateral crackles. An high white blood cell count ($17\,600 \times 10^6/L$), 81.3% neutrophils, elevated sedimentation rate (59 mm/h) and C-reactive protein (15.4 mg/dL) were present. The chest X-ray (Fig. 1A) revealed

a diffuse bilateral reticulonodular pattern. The chest CT scan (Fig. 1B and C) showed bilateral pulmonary emphysema with multiple cavities in the apical segment of the right upper lobe, and also on the left, with slightly irregular walls.

Sputum collection was performed with positive smear for acid-fast bacilli. The patient was admitted with the diagnosis of tuberculosis and treatment was started. Later, sputum cultures isolated a sensitive strain of *Mycobacterium tuberculosis* complex. The patient was discharged after proper coordination with the public health and pneumology practitioners.

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