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Disseminated tuberculosis in HIV patient: A case report in the era of declining tuberculosis cases

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Abstract

Introduction: After a transient surge in 1985-1990, tuberculosis incidence rate has declined specially after the introduction of HAART in 1996. We present a case of disseminated tuberculosis in a HIV/AIDS patient, complicated by immune reconstitution syndrome with dramatic response to therapy.

Case report: 54-years-oldfemale with HIV/AIDS started on HAART and azithromycin2 weeks prior to admission, presented with high grade fever and altered mental status. Initial work-up just revealednon-specific abdominal lymphadenopathy. Shortly after admission, shedeveloped obstructive cholangitis, acute renal failure, type 1 respiratory failure and severe bicytopenia. Imaging studies revealed diffuse thoracoabdominal lymphadenopathy and right middle lobe lung infiltration. Lymph node biopsy reported Acid Fast Bacilli. Anti-tuberculosis therapy and steroids were started along with treatment for Mycobacterium Avium. Subsequent, blood and sputum cultures confirmed growth of Mycobacterium Tuberculosis. The patient was continued on anti-tuberculosis therapy showing a dramatic recovery over the next 2 weeks. After a brief interruption, HAART was resumed and she continued a gradual recovery.

Discussion: This case reveals the complexity of the management of HIV/AIDS patients infected with Tuberculosis. Although it might precipitate an overwhelming response to hidden opportunistic infections, initiation of HAART is essential for recovery. This case also highlights that tuberculosis in HIV infected patients is treatable and despite an advance degree of immunosuppression, early initiation of anti-tuberculosis therapy can prevent death even in cases with diffuse organ involvement and disseminated disease.