



Pulmonary Tuberculosis

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Clinical Image

A 39-year-old man with no medical history presented with a 1-month history of severe wet cough and fever and 1-week history of left chest pain. Five years previously, his brother was suspected to have tuberculosis, but three consecutive sputum cultures were negative. The patient had coarse crackles in his left chest, body temperature of 40.5°C, and oxygen saturation of 96% on room air. Biochemical examination revealed the following: albumin, 2.9 g/dL; white blood cells, 4030/ μ L; C-reactive protein, 6.88 mg/dL; and lactate dehydrogenase, 554 U/L. Chest X-ray (Figure 1) showed a dense reticulonodular pattern interspersed with fine infiltrates in the left lung. Computed tomography (Figure 2) showed a typical cavity in the left upper lobe and micronodules and linear opacities in the centrilobular region of the lungs. Specimens were collected on 3 consecutive days, and an acid-fast bacilli smear was positive. He underwent antituberculous drug treatment (rifampicin, isoniazid, ethambutol, and pyrazinamide).



Figure 1:

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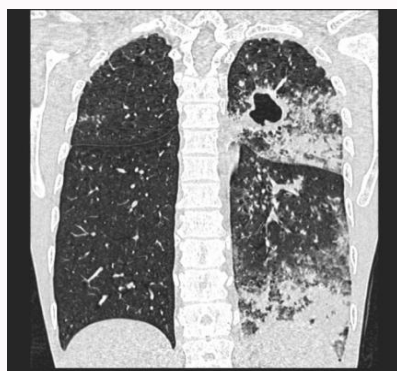


Figure 2: