

An unusual presentation of a common disease

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A 47-year-old nonsmoker, HIV-negative patient presented with dry cough, breathlessness, hoarseness of voice and low-grade fever of 6 months duration. His chest X-ray was normal. CT scan of the chest [Figure 1] revealed irregularity of the anterior tracheal mucosa. Bronchoscopy was done

and this showed [Figure 2] ulcerated vocal cords and pseudomembrane formation of the lining mucosa of the trachea and bronchi.

Q1. What was the disease causing these bronchoscopic changes?

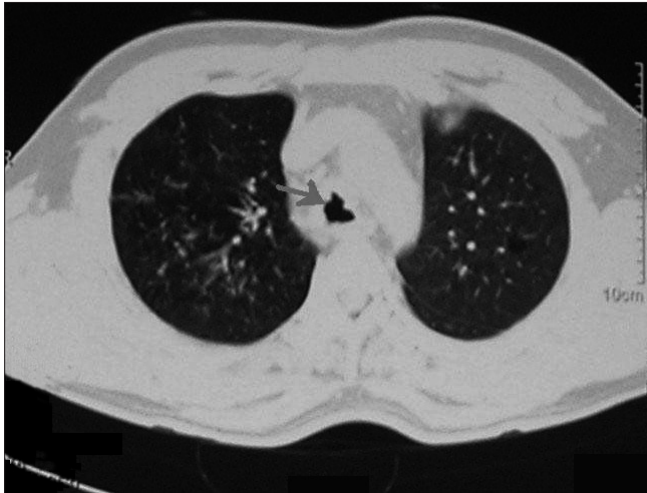


Figure 1: CT chest showing irregularity and abnormality of anterior wall of trachea

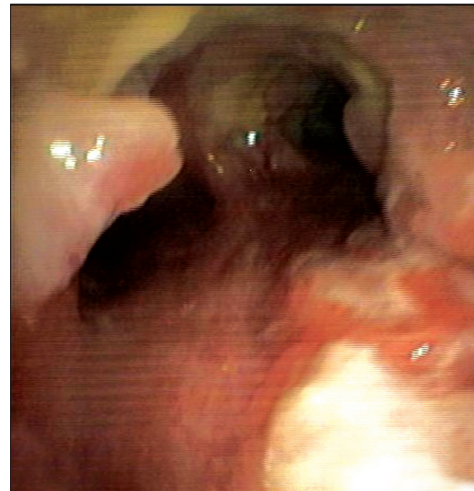


Figure 2: Initial bronchoscopic picture, lower end of trachea

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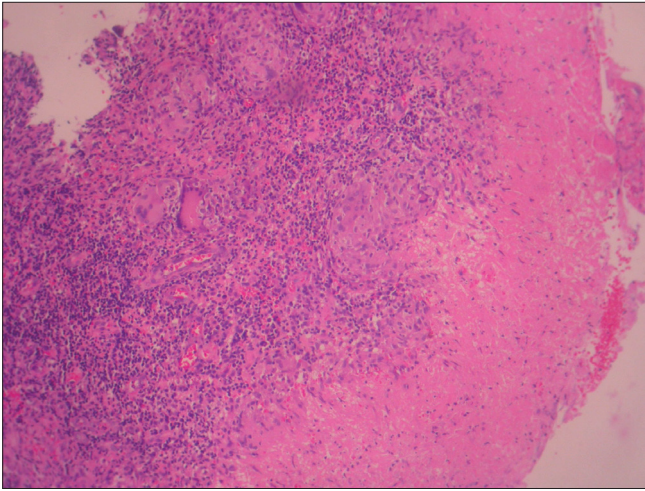


Figure 3: Endobronchial biopsy showing granulomatous inflammation consistent with tuberculosis, eosin and hematoxylin staining, scanner 4x, ocular 10x, 40 magnification

ANSWER

Endobronchial tuberculosis with pseudomembrane formation

BAL revealed presence of many AFB. Endobronchial Biopsy showed granulomatous inflammation consistent with tuberculosis [Figure 3]. The presentation of endobronchial tuberculosis with pseudomembrane formation of the mucosa of trachea and bronchi is unusual.^[1,2]

Patient was started on anti-tuberculous therapy with 2 months of Isoniazid, Rifampicin, Ethambutol, and Pyrazinamide followed by 7 months of Isoniazid, Rifampicin and Ethambutol and the treatment given was non-DOTS. Patient was given daily regimen, as per body weight, individual Antituberculous drugs were given,

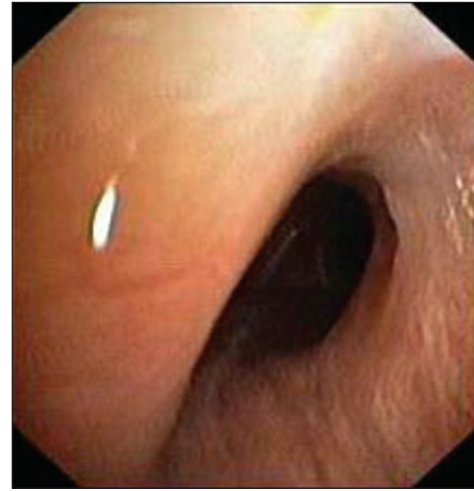


Figure 4: Stenosis at lower end of trachea, at the end of antituberculous treatment

and it was a nonsupervised therapy. A short duration, 4 weeks, of oral steroids was also initiated. At the end of 9 months of antituberculosis therapy, patient's repeat bronchoscopy [Figure 4] revealed residual tracheal stenosis at lower one third of trachea, which was managed conservatively.

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