Title: Pulmonary brucellosis detected during treatment of active tuberculosis in a patient with operated lung cancer (Case report)

Dr. Muhammed Emin 10302 Akkoyunlu eminakkoyunlu@gmail.com MD, Dr. Yasemin 10303 Akkoyunlu yaseminakkoyunlu@gmail.com MD, Dr. Ismail Necati 10304 Hakyemez drihakyemez@yahoo.com MD and Dr. Fatma 10305 Erboy ferboy@yahoo.com. 1 Chest Disease, Bezmi Alem Vakif University Medical Faculty, Istanbul, Turkey; 2 Infectious Diseases, Bezmi Alem Vakif University Medical Faculty, Istanbul, Turkey; 3 Infectious Diseases, Abant Izzet Baysal Universit, Bolu, Turkey and 4 Chest Disease, Bitlis Public Hospital, Bitlis, Turkey.

Body: Brucellosis is a disease with rare manifestation of pulmonary involvement. Difficulties in diagnosis is seen because pulmonary involvement is uncommon and symptoms are nonspecific. In our case a patient with pulmonary malignancy first had a diagnosis of active pulmonary tuberculosis, then pulmonary brucellosis was detected by tests performed because of clinical deterioration during treatment. The patient with diagnosis with pathologic stage II epidermoid carcinoma was admitted with complaints of cough, sputum, fever and night sweats. Acido-fast bacili (AFB) was detected on sputum examination. Anti-tuberculosis treatment is started. The symptoms regressed and patient was transferred to tuberculosis dispensary. In fourth month of therapy patient came with coughing, fatigue, night sweat, weight loss and fever. Fibronodular infiltration in right lower zone was detected in chest x-ray. Sputum AFB was negative. Bronchoscopy was performed. AFB was negative in bronchial lavage, biopsy was nondiagnostic. Blood culture was repeated and in second week proliferation (gram negative coccobacil) was detected. Bronchoscopy was repeated with suspect of brucellosis and brucella agglutination in bronchial lavage was found 1/320. It has been diagnosed as pulmonary brucellosis. Streptomycine+doxycycline treatment was started. Clinical recovery was seen after treatment. Radiological recovery was seen in second week of treatment. Diagnosis of pulmonary carcinoma and tuberculosis had concealed diagnosis of pulmonary brucellosis. In conclusion especially in endemic regions, patients referring with nonspecific symptoms that cannot be explained, brucellosis should be taken account.