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Title: Disseminated tuberculosis prognosis

Dr. Haifa 31364 Zaibi haifa.zaibi@yahoo.fr MD ¹, Dr. Zied 31365 Moatemri haifa.zaibi@yahoo.fr MD ¹, Dr. Amir 31366 Sellami haifa.zaibi@yahoo.fr MD ¹, Dr. Salsebil 31367 Dabboussi haifa.zaibi@yahoo.fr MD ¹, Dr. Alaeddine 31368 Eljery haifa.zaibi@yahoo.fr MD ¹, Dr. Samira 31369 Mhamdi haifa.zaibi@yahoo.fr MD ¹, Dr. Eya 31370 Tangour haifa.zaibi@yahoo.fr MD ¹, Prof. Dr Chiraz 31371 Aichaouia haifa.zaibi@yahoo.fr MD ¹, Prof. Dr Mohsen 31375 Khadhraoui haifa.zaibi@yahoo.fr MD ¹ and Prof. Dr Rezieg 31391 Cheikh haifa.zaibi@yahoo.fr MD ¹. ¹ Department of Pulmonology-allergology, Military Hospital, Tunis, Tunisia .

Body: Although disseminated tuberculosis DTB is uncommon, particularly in immunocompetent patients, its prognosis remains poor, needing earlier diagnosis and treatment. The aim of the present study is to describe clinical profile and outcome of patients diagnosed to have DTB. DTB accounted for 7.6% (n=7) of all cases of tuberculosis TB admitted in our pulmonary department of military hospital of Tunis (n=92) during period between 2007 and 2012. Mean age was 25.7 years. Mean diagnosis delay was 117 vs 68 days in non DTB. The most common presenting symptoms were: weight loss (100%), night sweats (85%) and fever (66.6%). Extrathoracic symptoms suggestive of the organs involved were hemiplegia (n=1), lameness (n=1) and chronic diarrhea (n=2). Associated miliary pulmonary tuberculosis was found in 60%. Positive acid-fast bacilli and M. tuberculosis cultures were seen in 4 of 10 affected sites. Caseating granulomas were identified in 4 patients and 8 sites. The most common extra-pulmonary organs involved were liver (28.5%), bowel (28.5%) and bone (28.5%), followed by splenic, gastric, peritoneal, haematopoietic, cerebral, meningitis, laryngeal and tongue TB in one case each one. Serious complications occurred in 3 patients; with respiratory failure and cerebral stroke in one case, medullar compression in the second and hemophagocytic syndrome with multi organ failure in the last. Disease outcome under antiTB therapy was favourable in 5 cases and fatal in one case, with persistent neurological sequelae in the other case. TB should be considered in any dragging infectious table, especially in endemic countries such us our. Extrathoracic locations are usually deceptive, causing delays in diagnosis and treatment of DTB and therefore a worse prognosis.