

European Respiratory Society Annual Congress 2013

Abstract Number: 5417

Publication Number: P4438

Abstract Group: 10.2. Tuberculosis

Keyword 1: Imaging **Keyword 2:** Tuberculosis - diagnosis **Keyword 3:** Tuberculosis - management

Title: High resolution computed tomographic findings in pulmonary tuberculosis

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Body: Background: Although chest radiographs usually provide adequate information for the diagnosis of active pulmonary tuberculosis, minimal exudative tuberculosis can be overlooked on standard chest radiographs (CR). Objective: The aim of the present study was to assess the findings of active pulmonary tuberculosis on high resolution computed tomography (HRCT) scans comparing to chest radiography, and to evaluate their possible use in detecting tuberculosis lesions in atypical cases and in determining disease activity. Patients and methods: Fifty one patients with newly diagnosed active pulmonary tuberculosis were examined. The diagnosis of active pulmonary tuberculosis was based on positive acid fast bacilli in sputum and bronchial washing smears or cultures, cheesy necrosis on biopsy and/or changes on serial radiographs. Results: There were 41 males and 10 females with a mean age of 51 years. The most common symptoms were cough and weakness. The CR showed cavitations (n=6), condensations (n=12), nodular infiltrate (n=6), residual aspect (n=10), hilar opacity (n=8) alveolointerstitial lesions (n=2), and was normal in 10 cases. HRCT showed macronodules (n =19), condensations (n=17), cavitations lesions (n=14), mediastnal adenopathy (n=22), nodules (n=14), ventilator disorders (n=10), bronchiectasis (n=13), tree-in-bud appearance (n = 5), minimal pleural effusion (n=4) and alveolointerstitial lesions (n=2). In most cases these lesions were associated. Conclusion: Scanning is more sensitive than chest radiography in depicting cavitations, rupture into the pleural space, mediastinal adenopathy. (HRCT) scans demonstrated early bronchogenic spread which helps in identifying active disease.