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A Case of Pulmonary Tuberculosis with Anthracosis Presenting as Recurrent Pneumonia

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Introduction: Biomass exposure is a major public health problem in developing countries. Approximately 3 million people use biomass and coal as energy sources, worldwide. Biomass smoke exposure has been associated with chronic obstructive pulmonary disease, interstitial lung diseases, lung cancer, cardiovascular diseases, pulmonary hypertension, acute respiratory tract infections, and tuberculosis (TB).

Case Presentation: A 71-year-old woman who has hypertension, asthma, and cardiac arrhythmia admitted with complaints of cough, sputum, and dyspnea. The case admitted emergency service 3 times and hospitalized two times due to recurrent lung infection, last one month. There were bilateral reticulonodular opacities at paracardiac lower zones on Chest x-ray. The C-reactive protein (CRP) level was 184 mg/dl and leukocyte count was 17500/L. Cefoperazone/sulbactam, Oseltamivir and bronchodilator therapy was initiated. Thoracic computed tomography (CT) was performed because of recurrent pneumonia. CT revealed that mediastinal lymphadenopathies (LAPs), obliteration of the right middle lobe bronchus and right middle lobe resorption atelectasis. On the third day of admission, because of clinical deterioration and fever (38.1°C), antibiotherapy was switched to Imipenem-Cilastatin+Tigecycline. Blood and sputum cultures were negative. Fiberoptic bronchoscopy (FOB) showed diffuse edema in the left main and middle lobe bronchii, narrowing of the segmental airways, narrowing of the right main bronchial opening, and diffuse anthracosis. Cytologic examination of right and left bronchial lavage was nondiagnostic. Chest X-ray demonstrated regression of the right paracardiac lesion. CRP was 26 mg/dl, leukocyte count was 11,600/L, and oxygen saturation was 94-95% in room air. Mycobacterium tuberculosis isolated in bronchial lavage after discharge and anti-TB therapy was initiated.

Conclusion: It should be kept in mind that in cases of biomass exposure, tuberculosis may present with atypical radiological findings and recurrent pneumonia.

Keywords: Pulmonary tuberculosis, anthracosis, recurrent Pneumonia