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An Interesting Case of Tuberculosis and Immune Thrombocytopenia: Hiv and Tb Coexistence

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Introduction: Tuberculosis (TB) is a common cause of death due to infectious diseases worldwide. In 2017, TB resulted in an estimated 1.3 million deaths in the HIV-negative population and 300.000 deaths in the HIV-positive population. As the global incidence of TB rises in parallel with HIV infection, atypical clinical course and extrapulmonary forms of TB have also become more common. We present a patient with exudative pleurisy of the right lung, developed severe immune thrombocytopenia during nonspecific antibiotherapy was discovered to be HIV-positive during etiological investigation, and whose pleural fluid culture yielded acid-fast bacteria.

Case Presentation: A 25-year-old man presented with fever, cough, dyspnea, and right chest pain. Chest x-ray revealed pleural effusion in the right hemithorax. Pleural fluid was exudative. Treatment was initiated with intravenous (IV) ceftriaxone 1g twice daily, oral clarithromycin 500 mg twice daily. Pleural fluid adenosine deaminase (ADA) and lactate dehydrogenase (LDH) levels were 20 U/L and 1162 U/L, respectively. A chest tube was placed. Because of clinical deterioration, the treatment was switched to IV piperacillin-tazobactam 4.5 g 4 times daily and oral ciprofloxacin 500 mg twice daily. The patient had petechial rash and platelet count was 3,000/L (compared to 174,000/L at admission). He was admitted to the intensive care unit (ICU) and received 2 units of platelet transfusion. Consultation with the hematology department resulted in a diagnosis of immune thrombocytopenia, and steroid treatment was initiated and IV immunoglobulin (IVIG) were administered. Control platelet count reached 60,000/L. Anti-HIV antibody and subsequent HIV-RNA test was positive. Antiretroviral treatment was initiated. The patient improved clinically and radiologically. Mycobacterium tuberculosis was isolated in pleural fluid culture. The patient was referred to the TB outpatient clinic for anti-TB therapy.

Conclusion: As HIV infection increases globally, HIV/TB coexistence has led to the emergence of new clinical manifestations in recent years. We present this case of HIV and TB pleurisy coinfection to bring attention to this unique emerging clinical condition, which can manifest with interesting clinical and radiological features.

Keywords: Pulmonary tuberculosis, HIV, pleurisy