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A Case of Miliary Tuberculosis with Tuberculsis Epididymoorchitis

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Tuberculosis epididymitis is a rare illness of which diagnosis is difficult to made. Clinical symptoms of urinary system tuberculosis are nonspecific. It is important to consider differential diagnosis of urinary system tuberculosis in cases with chronic complaints related to the urinary system that do not resolve despite appropriate treatment. The current gold standard for diagnosis of urinary system tuberculosis is detection of bacilli in urine, semen or fistula material culture or pathological examination of tissues. We presented this case because of a rare disease. A 23 year-old male patient with a history of fever, dysuria and pain in the left scrotal region who have no known additional disease. It was learned that cough sputum complaints were rare and weight loss in the last 1 month. When admitted to the hospital, the fever was 38 ° C, blood pressure was 120/82 mmHg, pulse was 86 beats/min. and respiratory rate was 21/min. Physical examination revealed that breath sounds were normal and left testis size increased than right side of the urinary system. Scrotal ultrasonography was reported as epididymoorchitis. Sputum taken from the patient Asido-resistance bacteria (ARB) examination ++ positive and in urine, Arb is positive. Mycobacterium tuberculosis was produced in the sputum and urine culture examinations of the patient. The patient was started on isoniazid, rifampicin, ethambutol and pyrazinamide for the first 2 months of anti-tuberculosis treatment. treatment of isoniazid and rifampicin for the next 4 months. In conclusion, tuberculosis epididymitis or tuberculosis orchitis should be remembered in patients with sterile pyuria and sonographic heterogeneous and hypoechoic lesions.

Keywords: Epididymo-orchitis, miliary, sterile pyuria, tuberculosis