

## A Case of Extrapulmonary Tuberculosis

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**Background:** The current epidemiological situation of TB is characterized by an increase in immigrants. Integration of specialist skills is necessary for a correct diagnosis and optimal management of TB in immigrants that have linguistic and cultural barriers, to reduce infection in the entire community.

**Case history:** A 21-years old man immigrant from Nigeria came to our observation for swelling of the chest wall and fever. The laboratory tests showed neutrophilic leukocytosis and absence of HIV/others viruses infection. A total body CT detected multiple colliquated lymph nodes in the laterocervical, abdominal and pelvic stations suspected for lymphoproliferative disease; at the left pectoral region there was an abscess collection (58 × 54mm) crossing the intercostal spaces until to the anterior pleura. Ecocardiography showed mild pericardial effusion. The thoracic abscess was drained, with positivity PCR and culture for *Mycobacterium tuberculosis*. We started therapy with rifampicin, isoniazid, pyrazinamide, ethambutol and methylprednisone. The patient was discharged in good clinical status with diagnosis of disseminated lymph node tuberculosis (LNTB) fistulized to the chest wall abscess.

**Discussion:** The objective of the present report is to emphasize that LNTB should be considered as a noteworthy differential diagnosis in patients with enlarged lymph nodes, particularly in tuberculosis-endemic countries.



**Figure 1** Total body CT images showed an abscess collection (58 × 54mm) crossing the intercostal spaces until to the anterior pleura at the left pectoral region and multiple collimated lymph nodes in the abdominal stations.