

CLINICAL INVESTIGATION OF MULTIDRUG-RESISTANT TUBERCULOSIS

— Investigation of Inpatients in the Kyushu Region between 2004 and 2009 —

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Abstract [Objective] To conduct a clinical investigation of patients with multidrug-resistant (MDR) tuberculosis who received either drug therapy alone or drug therapy in combination with surgery.

[Subjects and methods] A total of 56 patients with MDR tuberculosis who were admitted to hospitals of the National Hospital Organization in the Kyushu region between January 2004 and September 2009 and received drug therapy either alone or in combination with surgery were investigated.

[Results] As surgery could not be performed in patients with advanced age or with bilateral extensive lesions, only 12 patients (21%) were able to undergo surgery. Initial drug resistance was seen in 10 patients (23%) in the drug therapy group and four patients (33%) in the combination therapy group. Underlying diseases included diabetes in 15 patients (34%) in the drug therapy group and in 6 patients (50%) in the combination therapy group. Negative conversion of the sputum culture result was observed in 43% in the drug therapy group and in 75% in the combination therapy group. The death within three years was seen in 20 patients (45%) in the drug therapy group and 1 patient (8%) in the combination therapy group. In the drug therapy group there were more cases with resistance to 5 drugs, resistance to levofloxacin (LVFX), and/or kanamycin (KM) in those who died of tuberculosis than in

non-tuberculous death cases.

[Conclusion] Resistance to 5 drugs, resistance to LVFX, and resistance to KM were contributing factors of tuberculous death. Patient's operability was one of the factors associated with a good prognosis.

Key words: Multidrug-resistant tuberculosis, Extensively drug-resistant, Outcome of treatment, Drug therapy in combination with surgery

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————— Case Report —————

A CASE OF PLEURAL TUBERCULOMA WITH INTRA-PULMONARY INVASION
DURING ANTI-TUBERCULOSIS THERAPY

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Hisako TABATA, and Toshihide YOKOYAMA

Abstract A 27-year-old woman who had been treated for pulmonary tuberculosis with anti-tuberculosis drugs for three months was admitted to our hospital because of pain in the chest and back. Chest CT showed improvement in the pulmonary tuberculosis lesions in the right middle lobe and S⁸, but there was a large pleural mass in the right lower lung field. Histopathological findings of the percutaneous biopsy showed epithelioid cell granulomas that were negative for acid-fast bacilli. We diagnosed the mass as pleural tuberculoma with intrapulmonary invasion. The pleural tuberculoma improved without any additional therapy.

Key words: Pleural tuberculoma, Intra-pulmonary invasion, Initial aggravation

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PULMONARY TUBERCULOSIS WITH ATYPICAL RADIOLOGICAL FINDINGS IN A PATIENT WITH CHRONIC OBSTRUCTIVE PULMONARY DISEASE

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Abstract A 77-year-old-man who had been treated for chronic obstructive pulmonary disease (COPD) was referred to our hospital for further examination of a chest X-ray abnormality. The chest X-ray showed consolidation in the right upper and middle lung field. Chest computed tomography showed an air-space consolidation extending subpleurally and nonsegmentally without nodular lesions. The tentative diagnosis was cryptogenic organizing pneumonia. However, bronchoalveolar lavage fluid was positive for acid-fast bacilli on smear and also positive for tuberculosis PCR, leading to a diagnosis of tuberculous pneumonia. Tuberculous pneumonia in COPD patients can be non-segmental and mimic organizing pneumonia.

Key words : Chronic obstructive pulmonary disease (COPD), High-resolution computed tomography (HRCT), Organizing pneumonia

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