Seroprevalence of human immuno-deficiency virus infection among patients diagnosed with sputum smear positive pulmonary tuberculosis at infectious diseases hospital, IDH, Kano, Nigeria

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Objective: The main objective of the study is to estimate the HIV seroprevalence among patients diagnosed with sputum smear positive pulmonary tuberculosis (PTB).

Methods: In order to estimate the HIV seroprevalence one thousands six hundred and ninety two (1,692) male and female patients aged 15 years and above, with no previous TB treatment that presented to the chest clinic with symptoms like cough, night sweats, fever, weight loss, chest pain etc., and whose initial sputum smears demonstrated acid fast bacilli (AFB) by direct smear sputum microscopy using Ziehl-Nelsen (ZN) stain at least two specimens in line with WHO recommendation were recruited for the study. Each patient was offered confidential HIV testing accompanied by pre and post-test counseling accordingly. Those that agreed to be screened for HIV antibodies had blood sample taken for the test and performed according to the standard hospital practice and followed guidelines developed by the National HIV Rapid Test Algorithm using ELISA Test of Capillus, Genie 11 and Determine HIV kit.

Results: The overall HIV prevalence was 38%, of that value, male, accounted for 37% and females 41%. There was no statistical difference. However, the prevalence is 48% in the age group 25–34 years as compared to only 12% in the age group 55–64 years which was statistically different (P < 0.05). A higher proportion of females (42%) than males 37% were HIV Seropositive, but the difference is not statistically significant (P > 0.05).

Conclusion: There is high Human Immunodeficiency Virus prevalence (38%) among the studied patients with sputum smear positive pulmonary tuberculosis. The link between HIV and TB is often well known but few TB patients currently have the opportunity to know their HIV status and the stigma attached to HIV may deter people with features of suspicious of TB from seeking TB care.

Tuberculosis meningitis, multiple brain tuberculosis and ocular involvement in a 20-year-old man

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Introduction: Tuberculous meningitis is a serious form of meningitis that affects the meninges covering the brain and spinal cord and is associated with high mortality and morbidity.

Case Description: A 20-year-old Afghan man with headache and vomiting for about one month was evaluated by lumbar puncture that showed meningitis. Cerebrospinal fluid TB-PCR was positive and anti-tuberculosis and corticosteroid was started for him. Brain MRI showed multiple small lesions in favor of tuberculoma. Ophthalmologic evaluation showed choroidal tubercles. General condition gradually improved after about 15 days. TB meningitis should consider in every patient with chronic meningitis and evaluation of central nervous system and eye is necessary for rule out of these two organ involvement.

Mycobacterium tuberculosis and Cryptococcus neoformans coinfection meningitis in a young immunocompetent woman

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Introduction: Meningitis is a severe and potentially fatal form of tuberculosis. The diagnostic workup involves detection of acid-fast bacilli in the cerebrospinal fluid (CSF) by microscopy or culture, however, the difficulty in detecting the organism poses a challenge to diagnosis. Cryptococcosis is an opportunistic fungal infection caused by Cryptococcus neoformans. Generally, the disease affects the central nervous system.

Case Description: The patient was a 35-year-old woman who was admitted in hospital due to fever, headache and changes of mental status. Physical examination revealed neck stiffness. Kernig’s and Brudinsky signs were positive. Cerebrospinal fluid analysis showed lymphocytic pleocytosis. Culture of cerebrospinal fluid revealed Mycobacterium tuberculosis and Cryptococcus neoformans. Treatment with isoniazid, rifampin, ethambutol, pyrazinamide, vitamin B6, Amphotericin B plus fluocytosin was started for her. Tuberculosis meningitis should be considered in patients with chronic meningitis especially in endemic area. Cryptococcus neoformans meningitis may occur in immunocompetent patient and confection with tuberculosis meningitis is possible.

GI tuberculosis, one of the major presentations of extrapulmonary TB

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Introduction: Abdominal tuberculosis (TB) is one of the most prevalent forms of extra-pulmonary TB disease. The GI tract (mostly cecum and terminal ileum), peritoneum, lymphatic system, and solid viscera are subject to differing degrees of tuberculous involvement, which can occur alone or in combination. Medical treatment is still the first line...
Syphysis pubis osteomyelitis due to tuberculosis in an Afghan man

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Introduction: The prevalence of tuberculosis is increasing and musculoskeletal tuberculosis, although currently rare, may become an important problem. Musculoskeletal tuberculosis can be difficult to diagnose as only about one third of patients have respiratory symptoms. Synovial fluid aspirate is relatively unlikely to lead to definitive diagnosis, and a bone biopsy should always be taken for culture and histological examination.

Case Description: The patient was a 67 year-old Afghan man with chief complaint of purulent discharge from right inguinal area since two years ago. Bilateral inguinal lymphadenopathy that were mobile and non tender in different size were detected. There was no hepatospelenomegaly. Fistulography was performed. Contrast media passed through an irregular fistula. Destructive lesion and sclerosis due to synphysis pubis osteomyelitis was detected. The patient was operated for debridment and evaluation of osteomyelitis. Suprapubic area was opened. Pubic bone was destructed. Sequestration and cavity formation in the area was observed. Complete curettage and irrigation was performed. Tuberculosis PCR and culture was positive. Four drugs anti tuberculosis regimen was started for him.

PP-207 Anterior and intermediate uveitis due to tuberculosis in a young immunocompetent patient, a case report

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Introduction: Tuberculosis is a rare cause of uveitis. It is a readily treatable disease and the consequences of delay in either ocular or systemic diagnosis can be very serious.

Case Description: The patient was a 32 year-old woman with severe right eye pain, photophobia, red eye and blurred vision since several days before visiting. She had history of weight loss, anorexia, night sweating and positive family history of pulmonary Tuberculosis. Ophthalmology evaluation showed was anterior and intermediate uveitis. Rheumatid factor, anti-nuclear antibody and rapid reagin reaction test were negative. Tuberculin skin test was 37 mm positive. Anti tuberculosis treatment was started with good clinical response. Uveitis tuberculosis uveitis should be considered in every patient with uveitis in endemic area of Tuberculosis.

PP-208 Death due to pulmonary tuberculosis flare up after Bell’s palsy treatment

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Background: Peripheral facial nerve palsy has several etiologies. Idiopathic form of Bell’s palsy is the commonest but some underlying disorders may induces this palsy or exist in patient with idiopathic form.

Objective: To report a case with facial palsy expired after corticosteroid starting, because of necrotizing pneumonia due to old tuberculosis flare up.

Case report: A 45-years old woman without any clear past medical history admitted for peripheral facial nerve palsy. After establishment the diagnosis of Bell’s palsy, prednisolon (50 mg daily with tapering for ten days) prescribed for patient. After 5 days, the patient deteriorated by high grade fever and pneumonia and hemoptysis. Sputum smear and culture reviled flaring up previous latent pulmonary tuberculosis. Despite starting anti TB immediately, patient died because of fatal necrotizing pneumonia.

Conclusion: Evaluation for previous infective disorder especially TB before corticosteroid treatment in Bell’s palsy in regions with endemic TB is recommended.

PP-209 Multi-center study on latent tuberculosis affecting healthy adults of Karachi, Pakistan

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Background: Prevalence and associated factors of Latent Tuberculosis Infection (LTBI) among young healthy adults has not been studied in our population. Hence we conducted this study to estimate prevalence and identify associated factors for LTBI among young adults of Karachi, Pakistan. We also compared risk of acquiring the disease among medical students compared to non medical colleagues.

Methods: This multi-center, cross-sectional study was conducted in Karachi from June to October 2010. The study subjects after consent were interviewed, clinically examined and tested using Tuberculin Skin Test (TST). Descriptive statistics were calculated. Association were checked according to variable type keeping level of significance at p-value <0.05.

Result: Sample comprised of 600 student volunteers. Figure 1 explains their characteristics. Majority 589 (98%) were therapy for abdominal tuberculosis. If patients develop complications, surgery is inevitable.

Case Description: The patient was a 33 year old female presented with fever, chills, and a history of abdominal discomfort. Lymphadenopathy was detected on physical examination. Contrast CT of chest and abdomen showed patchy densities and thickening of the ileocecal wall respectively. Biopsies and histological studies documented the existence of TB. Axillary lymph node biopsy revealed chronic necrotizing granulomatous lymphadenitis, consistent with tuberculosis on microscopic description and large areas of granular eosinophilic necrosis with surrounding epithelioid histiocytes and giant cells in microscopic view.

PP-206 Synphysis pubis osteomyelitis due to tuberculosis in an Afghan man

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Introduction: The prevalence of tuberculosis is increasing and musculoskeletal tuberculosis, although currently rare, may become an important problem. Musculoskeletal tuberculosis can be difficult to diagnose as only about one third of patients have respiratory symptoms. Synovial fluid aspirate is relatively unlikely to lead to definitive diagnosis, and a bone biopsy should always be taken for culture and histological examination.

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