Tuberculosis

120. Clinical Study of Lower Lobe Tuberculosis in a Tertiary Care Centre

BK Viveka, R Ravindra, B Prabakar, P Chandrasekhar
Bowring and Lady Curzon Hospitals, BMC, Bangalore.

Period of Study: One and half years from January 2002.

Introduction: Tuberculosis involves upper lobes, leading to fibrosis and cavitory changes. Pneumonias is another form of presentation in Pul. Tuberculosis. In the present study the incidence of lower lobe involvement in cases of Pul. Tuberculosis was studied. The duration of symptoms ranged from 1 week to 3 months. Diabetes was seen in 38% of patients. HIV was seen in 25% of patients. All the patients responded well to treatment - ATT.

123. Mammary Tuberculosis: An Experience in an Oncology Centre

M Kumar, Vinita Trivedi
Mahavir Cancer Sansthan, Phulvariwarisarif, Patna.

Tuberculosis of breast is a rare entity, worldwide. The overall incidence of tuberculous mastitis is reported to be 0.1% of all breast lesions, while in developing countries, it constitutes 3% of all surgically treated breast disease.

In our hospital, we have treated 9 cases of mammary TB in last 1 year, which constitutes 0.69% of total breast FNAC. M:F ratio was 1:8. All patients were in childbearing age group. The classic presentation was breast nodule only in 33.3%, nodule with serous nipple discharge in 22.2%, only ulcer in 22.2%, ulcer with sinus in 11.1%, multiple sinuses with nodule in 11.1% patients. Associated axillary lymphadenopathy was present in 33.3% cases. Past history of PTB was present in 22.2% patients. One patient had fibrocavitary lesion in CXR.

Diagnosis was confirmed by FNAC. All patients responded well to ATT. Surgical intervention was not required in any patient.

125. Drug Resistant Pulmonary Tuberculosis in a Tertiary Armed Forces Hospital

RB Deoskar, B Sengupta, MS Barthwal, V Dutta, P Bhattacharya, P Singh
Military Hospital (Cardiothoracic Centre), Pune 411040.

Object of the Study: To study the incidence, causes, pattern of drug resistance and response to treatment in cases of drug resistant pulmonary tuberculosis (PT).

Methodology: Seventy two patients who presented to a tertiary armed forces chest centre with drug resistant PT between Jan 2000 and Dec. 2002 were included in the study.

Summary of Results: The study included 64 males and 8 females. Mean age was 31.6 years. Acquired resistance was observed in 23 (31.9%) and initial resistance in 49 (68.1%). Single drug resistance was seen in 26 cases (36.2%), two drug resistance in 22 (30.5%) and 24 showed resistance to 3 or more drugs. Individual drug resistance break up was: INH-44 (10.9%), Rifampcin - 41 (10.2%), Ethambutol - 19 (4.7%), Streptomycin - 42 (10.4%), Pyrazinamide - 2 (0.5%), Isoniazid - 2 (0.5%), Ethionamide - 2 (0.5%), Cycloserine - 1 (0.2%), Kanamycin - 1 (0.2%) out of 403 strains of Mycobacterium tuberculosis isolated. There were 26 cases of multi drug resistance (6.4%). 71 patients showed sputum conversion after starting treatment. Average period of sputum conversion was 10 weeks. Mortality was nil. Only two cases were HIV positive (2.8%).

Conclusion: Incidence of drug resistance was not as high as reported by some other workers and majority of the cases showed satisfactory outcome.

126. Relation of Tuberculosis Exposure Gradient to Tuberculin Positivity and Interferon Gamma Response in Health Care Workers

R Joshi, TB Lathia, S Dogra, SP Kaliantri, DK Mendiratta, M Pal
MGIMS Sevagram and UC Berkeley, US.

Introduction: Tuberculosis is a major health care issue, and health care workers (HCWs) are repeatedly exposed through the aerosol spread of the tuberculosis bacillus. Present study aims at quantifying the exposure risk in heavily exposed HCWs in in-patient settings, and attempts to evaluate whether the exposure gradient correlates with latent tuberculosis infection in them according to tuberculin skin test (TST) or interferon gamma release assay (IGRA) response.

Methods: All inpatients admitted to four medicine wards between 1st and 29th February 2004 were screened for presence of sputum positive pulmonary tuberculosis using sputum smear and culture. Stay of such patients in the wards was used as a measure of exposure. It was assumed that this level of exposure has been constant. At the same time all HCWs (Nurses and attendants) working in these wards were screened for latent tuberculosis using, TST using ITU PPD and IGRA response using QuantiFeron TB gold test kit. Those HCWs who had prior history of pulmonary or extra-pulmonary tuberculosis, had prior allergy to TST, or were pregnant were excluded.

Results: A total of 420 patients were admitted to the medicine wards during the study period and 60 (14%) of them had chronic respiratory symptoms suggestive of pulmonary tuberculosis. A total of 12 patients were either smear or culture positive, who had a cumulative 76 days of hospital stay (average 6.3 days). Of a total of 50 HCWs (Nurses and ward attendants) working in these wards, 42 were eligible and gave consent for participation in the study. The TST positivity in wards with high (42 patient-days), intermediate (16, and 17 patient days) and low (1 patient-day) exposure was 80, 83, 77 and 50% respectively. The IGRA positivity was 80, 75, 66, 50% respectively.

Conclusion: IGRA and TST responses correlate well with exposure to tuberculosis even across HCWs working in different wards in the same hospital.
127. Profile of Tuberculosis in Renal Allograft in A Tertiary Hospital

SS Sharath, GC Raju, A Kalanidhi, V Radha
Southern Railway Headquarters Hospital, Ayanavaram, Chennai.

Aim : To analyse the clinical presentation, risk factors, comorbid conditions, complications and management of tuberculosis in renal allograft recipient in a tertiary hospital.

Material and Methods : This is both prospective and retrospective study of 30 renal allograft recipients who had tuberculosis during the period between May 2001 and April 2004 at the Nephrology unit of tertiary care hospital. All patients had been screened pre-transplant for the presence of tuberculosis.

Results : the number of male patients were 25 and females 5.15 patient had type 2 DM. All patients were from a good socio-economic class. There was no close contacts to tuberculosis patients. All patients were put on triple immunosuppression (cyclosporine, azathioprine prednisolone). The most commonest presenting symptoms was vague constitutional symptoms (weight loss/fever/myalgia) 53.33%. Symptoms depending upon the system involved includes respiratory - 16.67%, CNS - 6.67% ABD 6.67%, lymph nodes - 6.67%. Bone involvement - 6.67% pericardial - 3.33%, 16.67% developed drug induced hepatitis. Mortality rate was 6.67%.

Conclusion :
1. There is a high percentage of atypical presentation in the renal allograft recipients so a high index of suspicion is required for diagnosis.
2. Socio-economic state and co-morbid conditions doesn’t seem to contribute to the increased incidence of tuberculosis.
3. There is a transient reversible worsening of renal function after the onset of tuberculosis which normalises with effective anti-Koch’s treatment. 4. Early diagnosis and prompt institution of therapy reduced morbidity and mortality to a great extent.

*Adjudged Best Papers and got an award of Rs. 1000/- each from Chairman Scientific Committee, Diamond APICON 2005.

701. Clinical Profile of HIV Patients

K Ashwinikumar, P Krishnamoorthy, VR Sudhir, SA Paranjape, P Purushothaman, D Sangita, KS Sheth, N Shamala, VN Rajasekaran
Meenakshi Mission Hospital and Research Centre, Madurai.

Objectives : To find out the commonest age group at which HIV patients are first detected; To find out the commonest clinical manifestations; To find out the commonest opportunistic infection; To find out the immunodeficiency status of patients at presentation.

Methodology : It is a retrospective observational study conducted over a period of one year in the HIV wing of Meenakshi Mission Hospital and Research Centre, Madurai. Only those cases were included who were Western Blot positive and who had presented for the first time with HIV disease and their clinical assessment recorded.

Summary of Results : More males affected than females - approximately 4:1; most people are affected in the age group 21-30 and 31-40; commonest method of transmission - Sexual contact, commonest symptoms - wt. loss, diarrhea, fever, oral ulcers; commonest sign - infiltrates on chest Xray, oral thrush; commonest diagnosis - Pulmonary TB, Candidiasis, CD4 counts of less than 200 were seen in 62% of the patients.

Conclusions :
1. Any case with chronic diarrhea, wt. loss, fever, oral ulcers, oral thrush should be tested for HIV infection.
2. HIV infection should be suspected in any case with Pulmonary TB, Candidiasis.

These will help to diagnose HIV infection a little earlier, so that we will not have so many people who already have developed full blown AIDS at detection.