

Images in clinical medicine



Deep venous thrombosis with multifocal tuberculosis in an immunocompetent patient

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Deep venous thrombosis with multifocal tuberculosis in an immunocompetent patient

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Image in medicine

A 33-year-old woman with no notable history who consults for a tuberculous gumma lesion in the elbow dating back 1 month with concurrent concomitant low back pain and all this in a context of night sweats and unencrypted weight loss. The cutaneous biopsy revealed granulomas with absence of caseous necrosis. The radiological assessment based on lumbar CT scan showed L5-S1 mirror images with an anterior vertebral collection engulfing the large retroperitoneal vessels and the angio-scan confirmed the thrombosis of the inferior vena cava, the scanned-guided biopsy confirmed the diagnosis of tuberculous spondylo-discitis. The remainder of the report showed a positive intradermal reaction

(IDR) with negative VIH serology. The diagnosis of multifocal tuberculosis involving cutaneous, osteoarticular and pulmonary involvement in an immunocompetent patient was selected and the patient was placed on anti-TB drugs under the 2 months of streptomycin, rifampicine, isoniazid and pyrazinamide followed by rifampicine and isoniazid for 10 months, with good clinical

evolution. The multifocal forms of tuberculosis represent 9 to 10% of cases and are the preserve of immunocompromised patients mainly carriers of VIH. Their prognosis is poor with a mortality rate of 16 to 25%. They also pose a real problem of diagnosis, given its clinical polymorphism and the diversity of organs that can be affected, which is the cause of the delay in diagnosis.

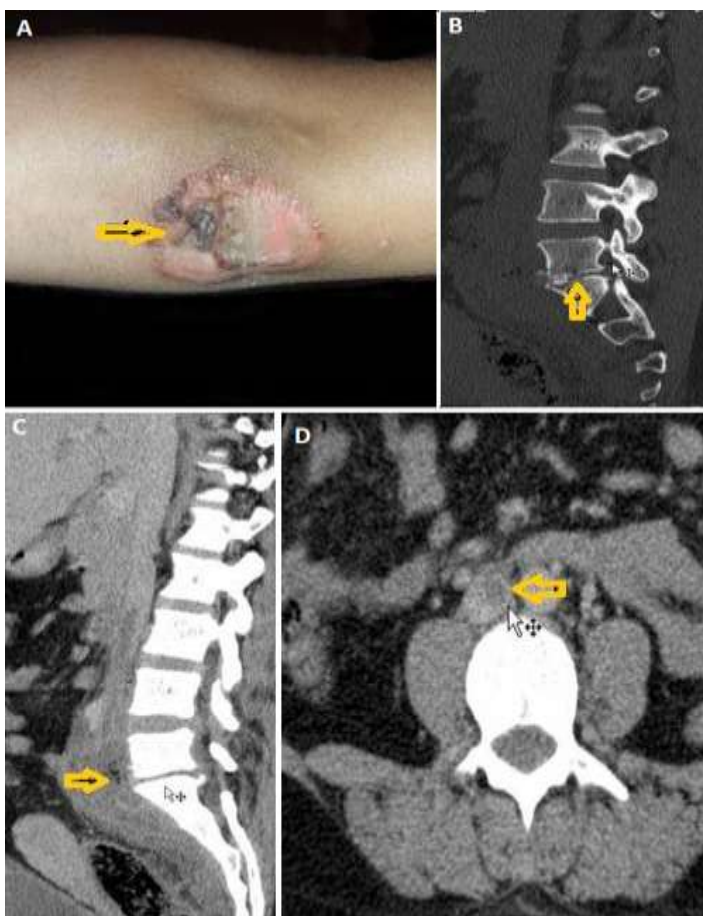


Figure 1: A) tuberculous gumma of the elbow; B) lumbar CT scan showed L5-S1 mirror images; C) lumbar CT scan showed L5-S1 anterior vertebral collection engulfing the large retroperitoneal vessels; D) angio-scan confirmed the thrombosis of the inferior vena cava