



MIRACLE CHEST SPECIALTY CLINIC

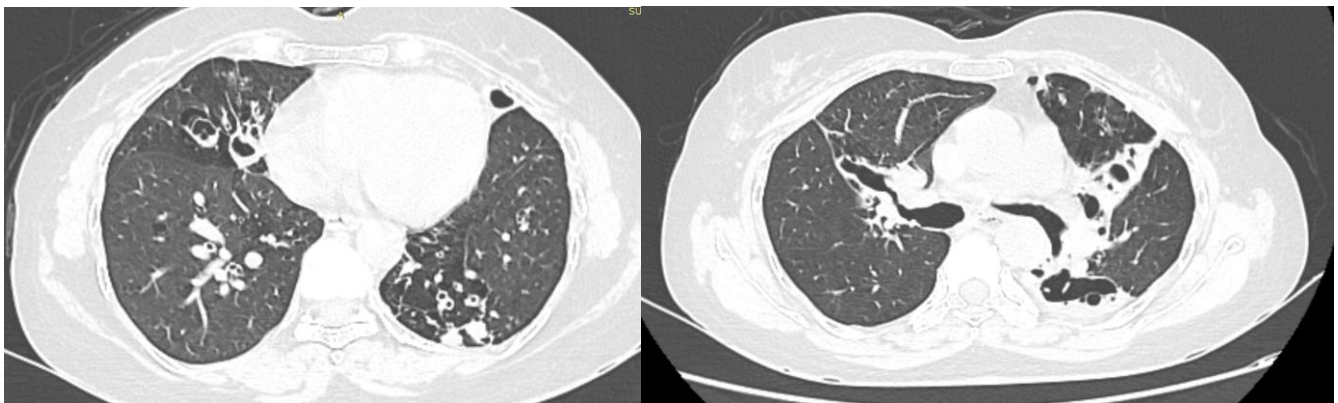
Case of the Week

36 year old Female

Past history of Pulmonary Tuberculosis

Complaints of Persistent fever, shortness of breath and purulent sputum since 2 weeks

Spo2 92 % on Room air with Tachypnea



HRCT Thorax Suggestive of Bilateral Bronchiectasis with left upper lobe fluid filled cavity

Sputum CBNAAT Negative

Patient started on Empirical AKT outside

Continued to have Fever and worsening cough with shortness of breath

BAL Bronchoscopy done, MTB GeneXpert Negative. Aerobic Culture positive for **MDR Pseudomonas Aeruginosa**.

Patient started on Cefoperazone sulbactam and Amikacin as per sensitivity report for 14 days.

Fever stopped in 4 days and Cough improved.

Take-away message

- **Not all post-TB cavities + fever = active TB.**
- **Microbiological confirmation is crucial before labelling TB relapse.**
Repeated **negative CBNAAT/GeneXpert (sputum + BAL)** makes active TB unlikely in this setting.
- **Post-TB bronchiectasis commonly gets infected with Pseudomonas.**

Bottom line:

“Prove TB before treating TB.”

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