

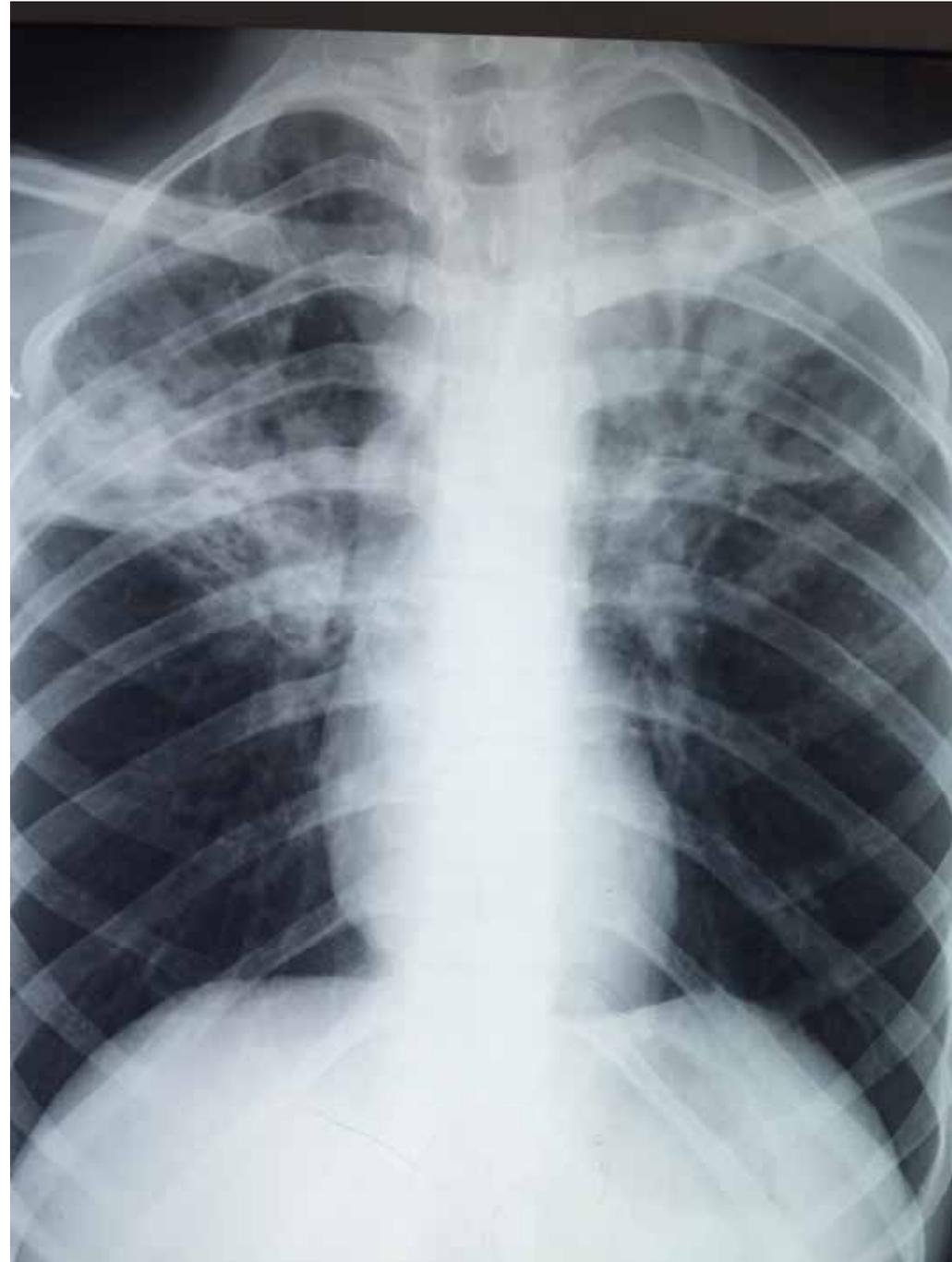
Tuberculosis

Dr Rajiv Kumar
Chest Specialist

Imaging in TB

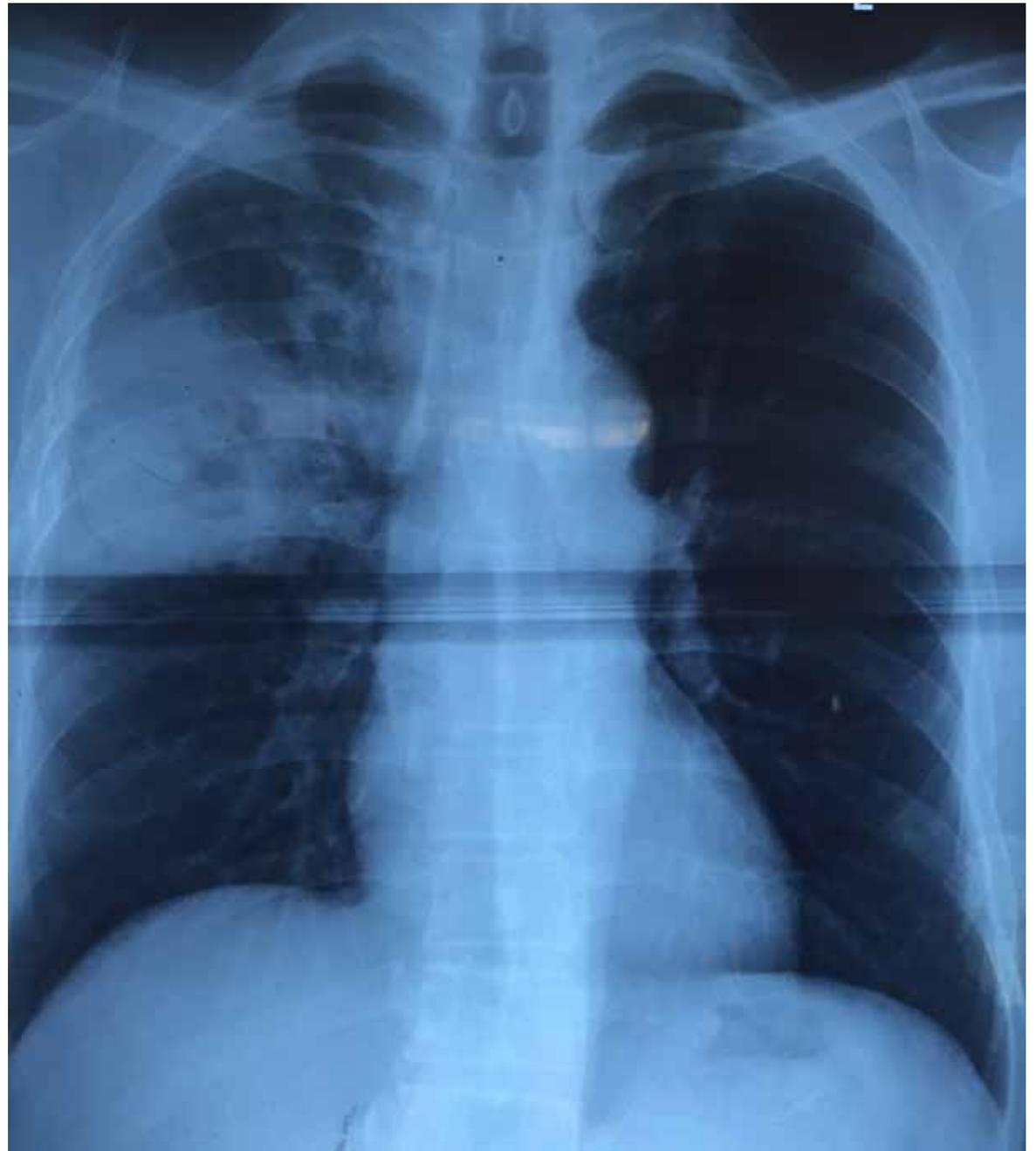
No specific radiological pattern in TB

Majority of patients have upper lobe predominance bronchopneumonia, cavities with surrounding area of consolidation, infiltrates sometimes associated with effusion



**TUBERCULOUS
PNEUMONIA**

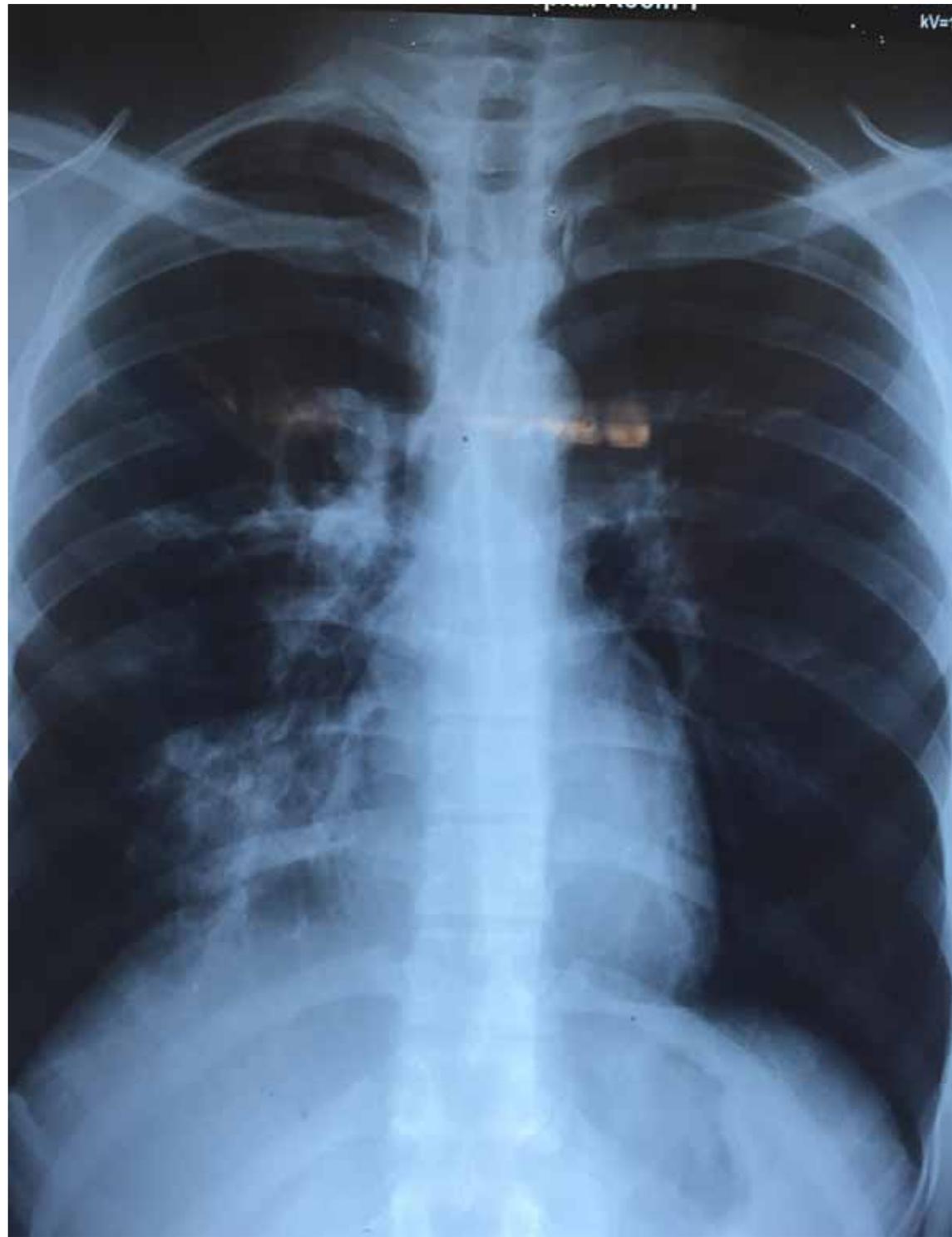
AFB POSITIVE





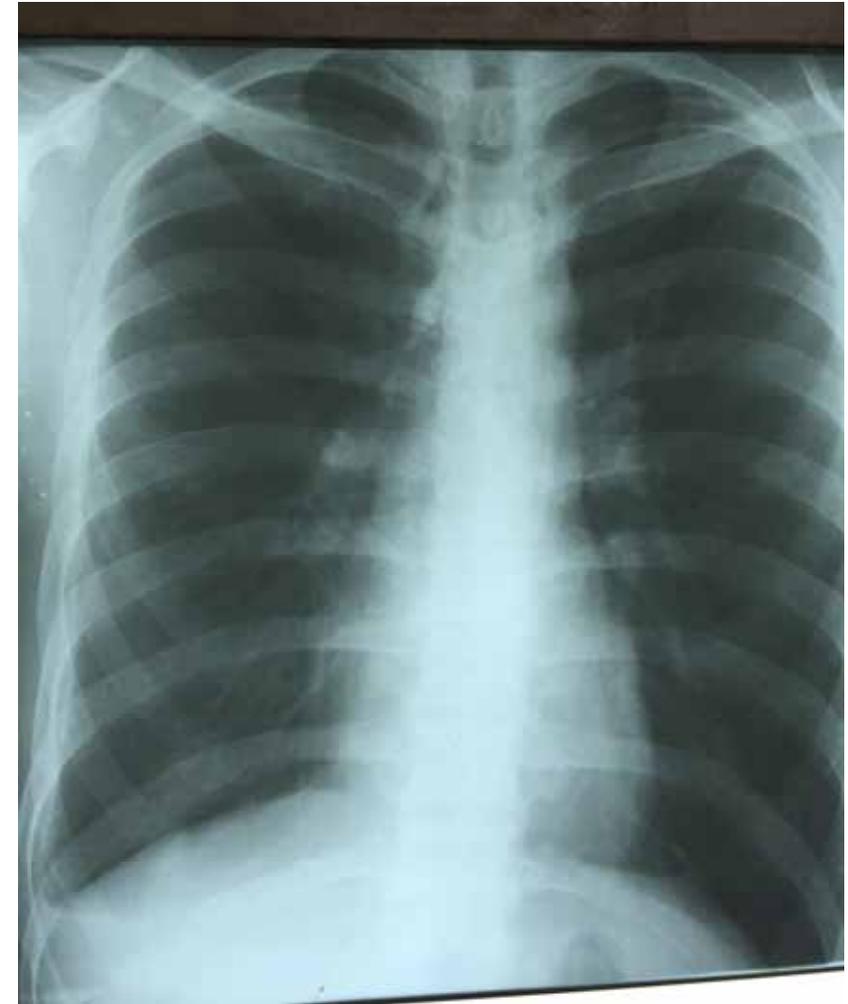
Cavitary Lesion

Cavitary Lesion with bronchopneumonia

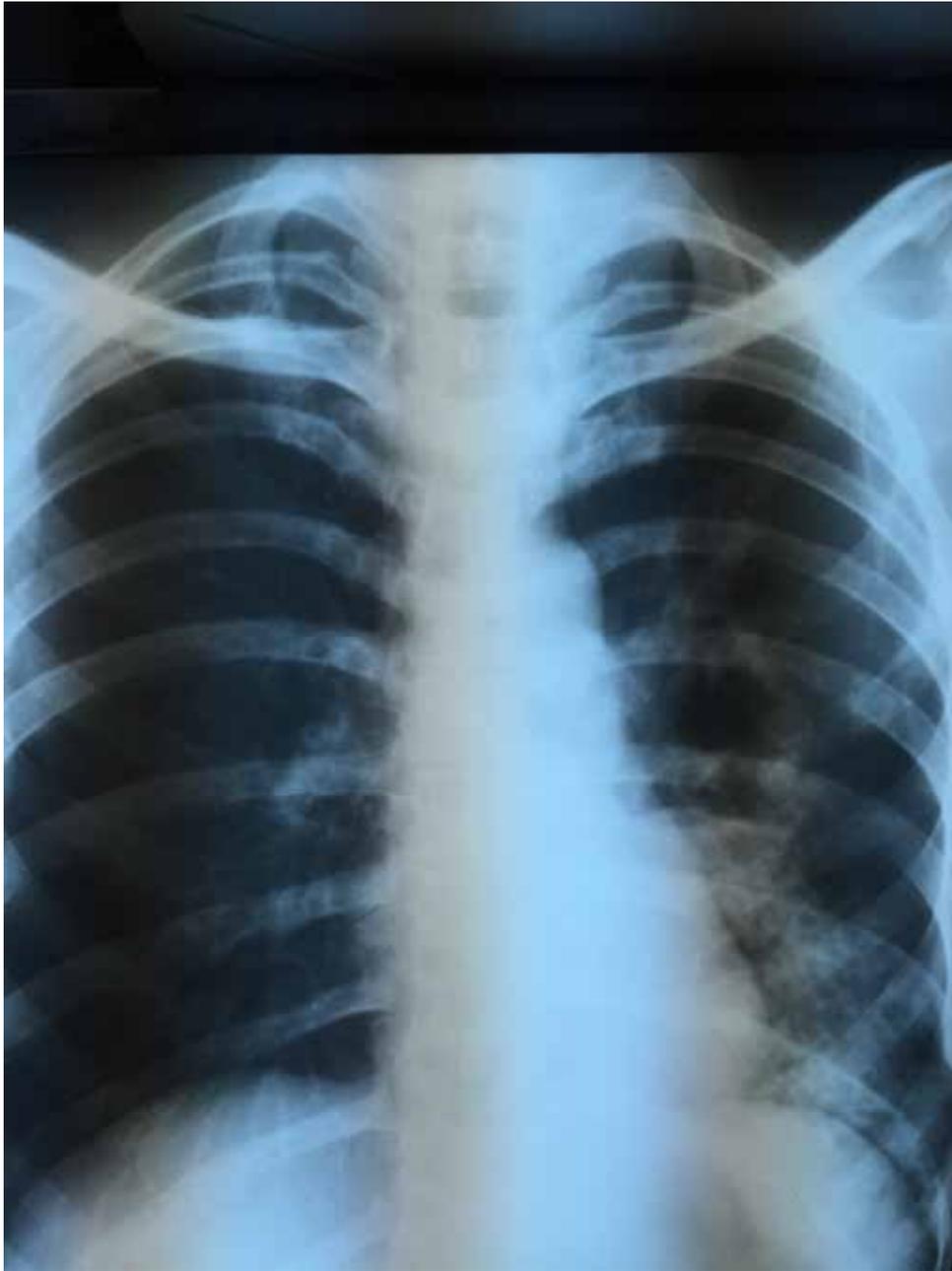




LUL Cavity with surrounding area of pneumonia



**Tubercular Pleural Effusion
in TB contact**

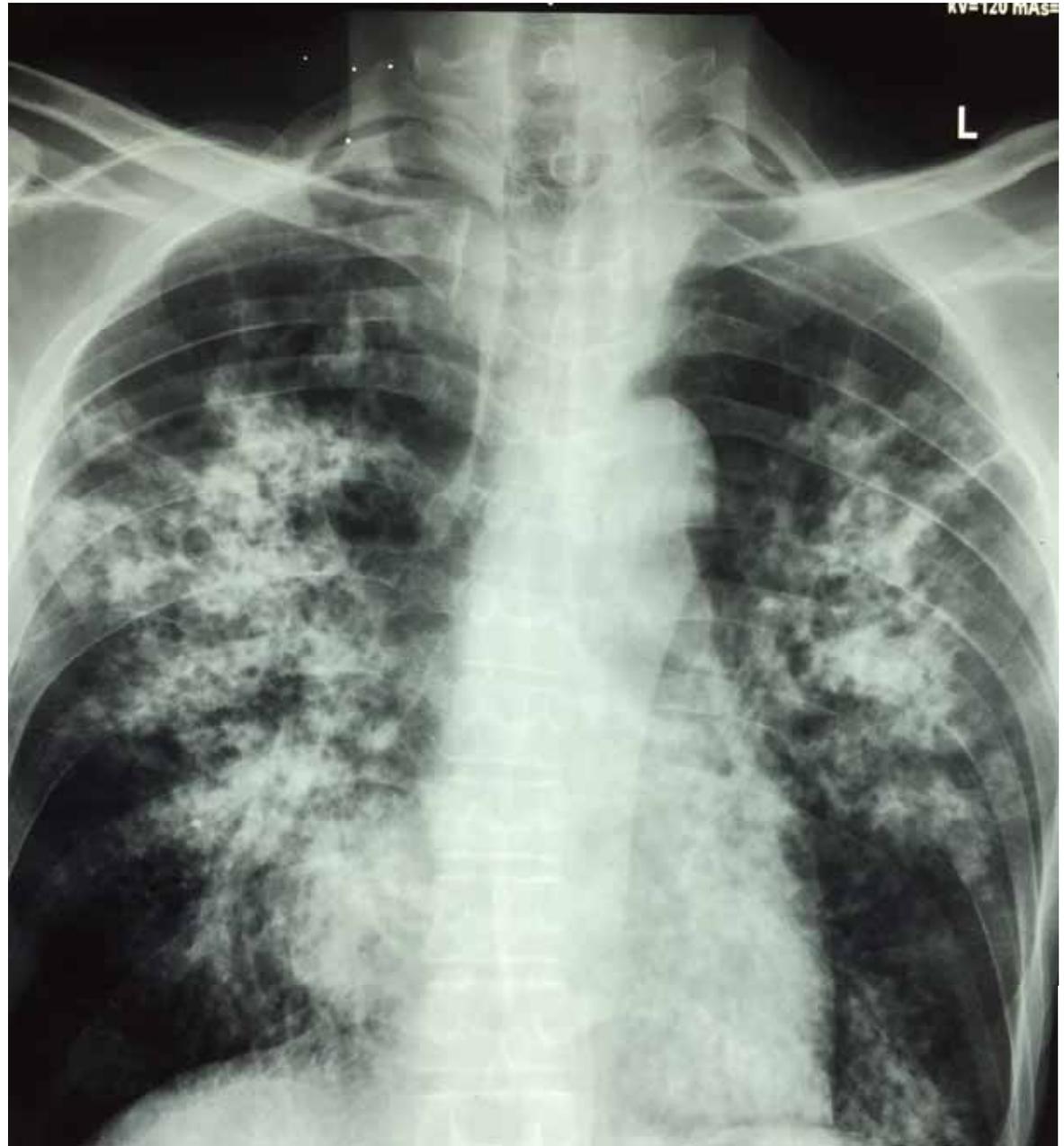


TB & DM

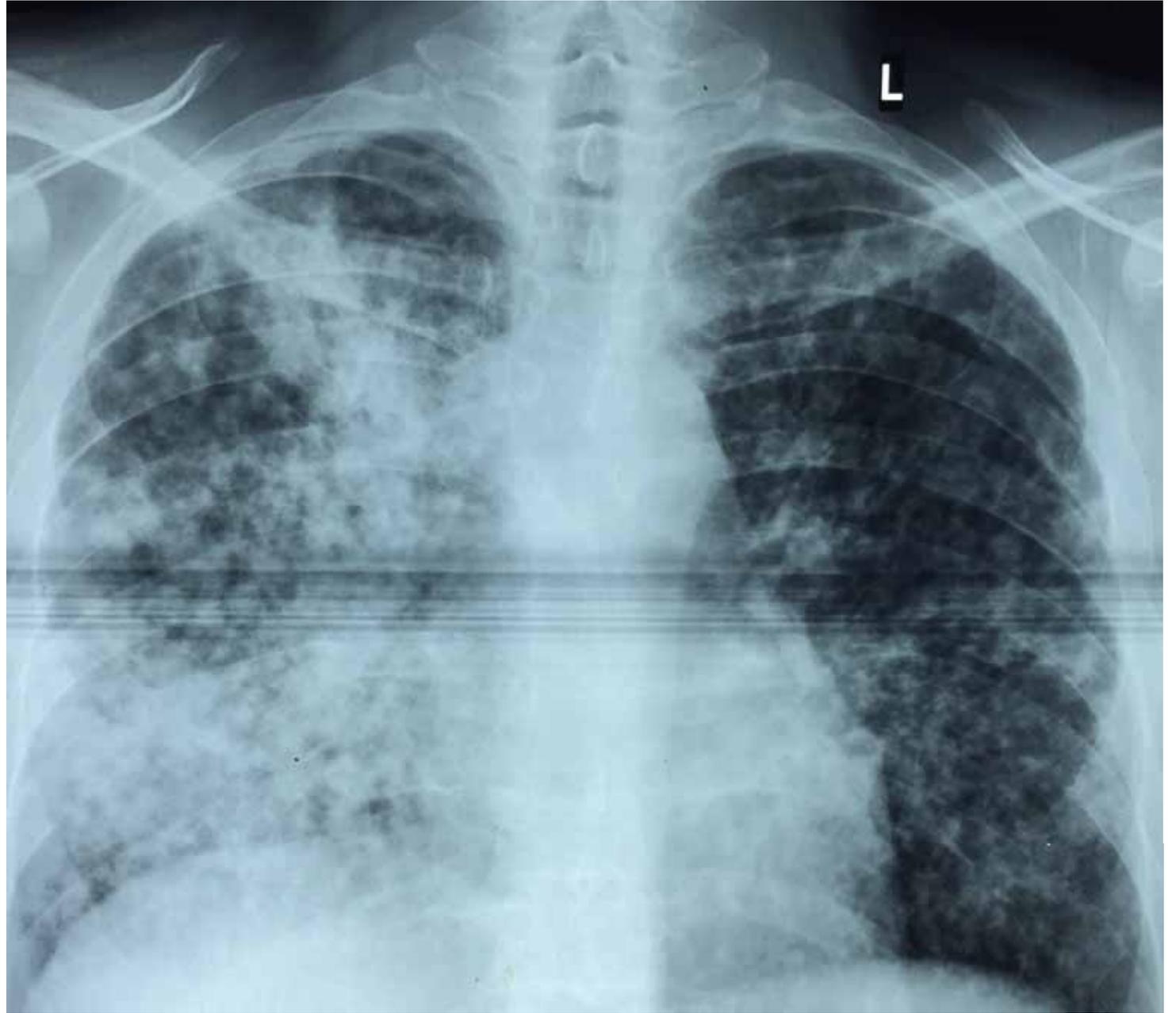
HIV & TB
CD4 >250

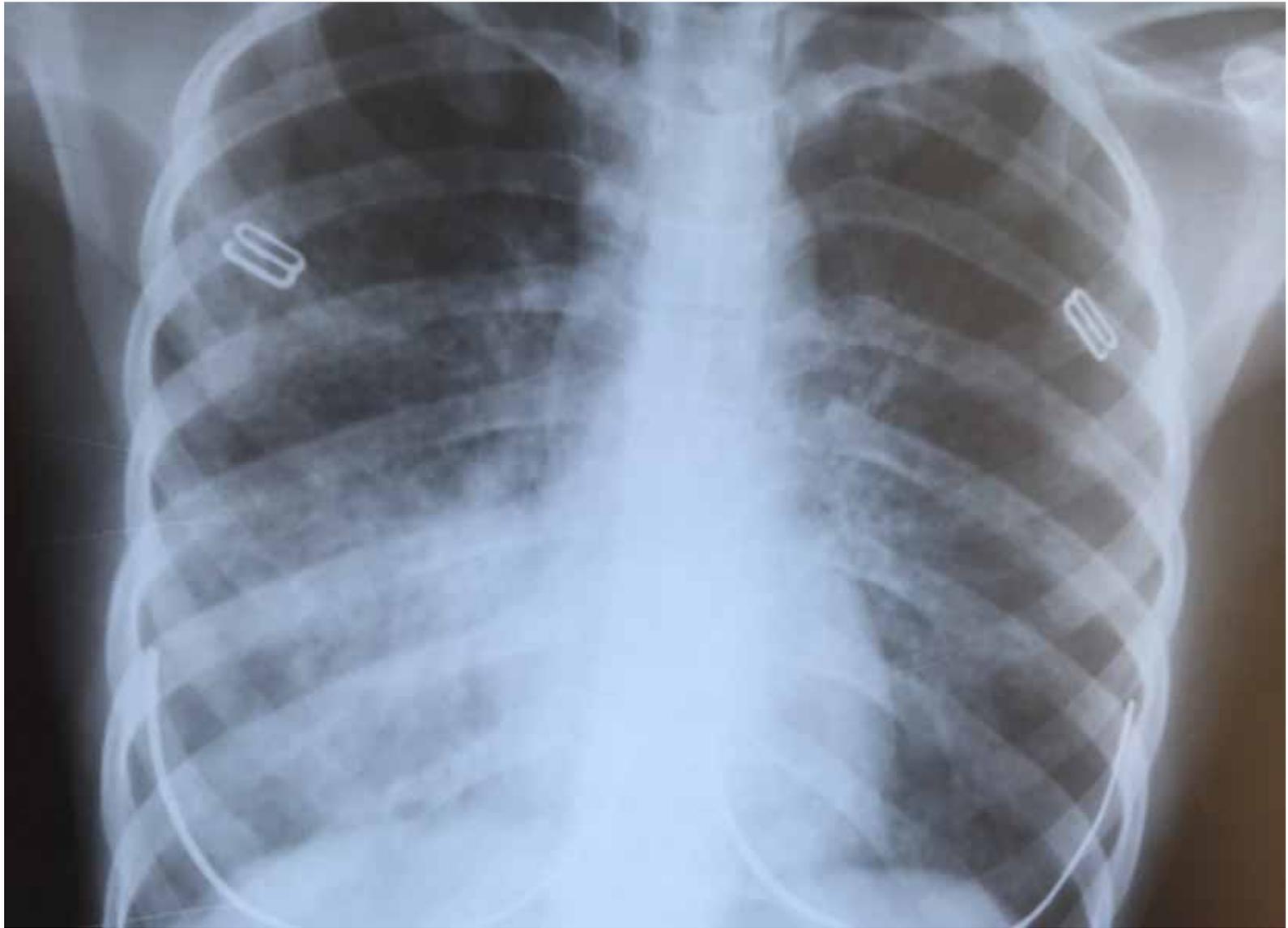


TB & HIV
CD4 <200



HIV & TB
CD4 <100

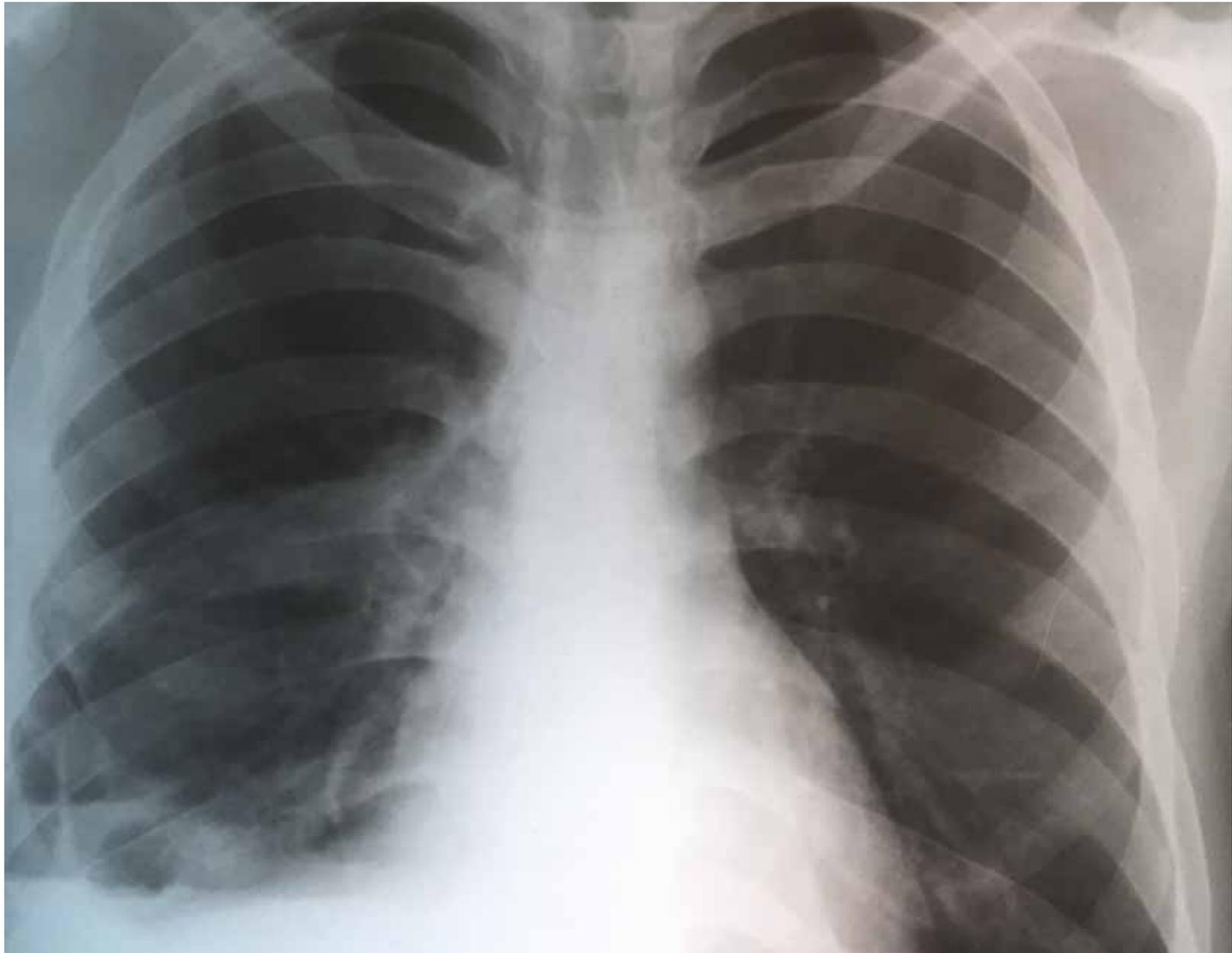




HIV & TB CD4 55

**Young boy
h/o of contact
with TB patient
sputum AFB
negative
Pleural fluid
negative for AFB**



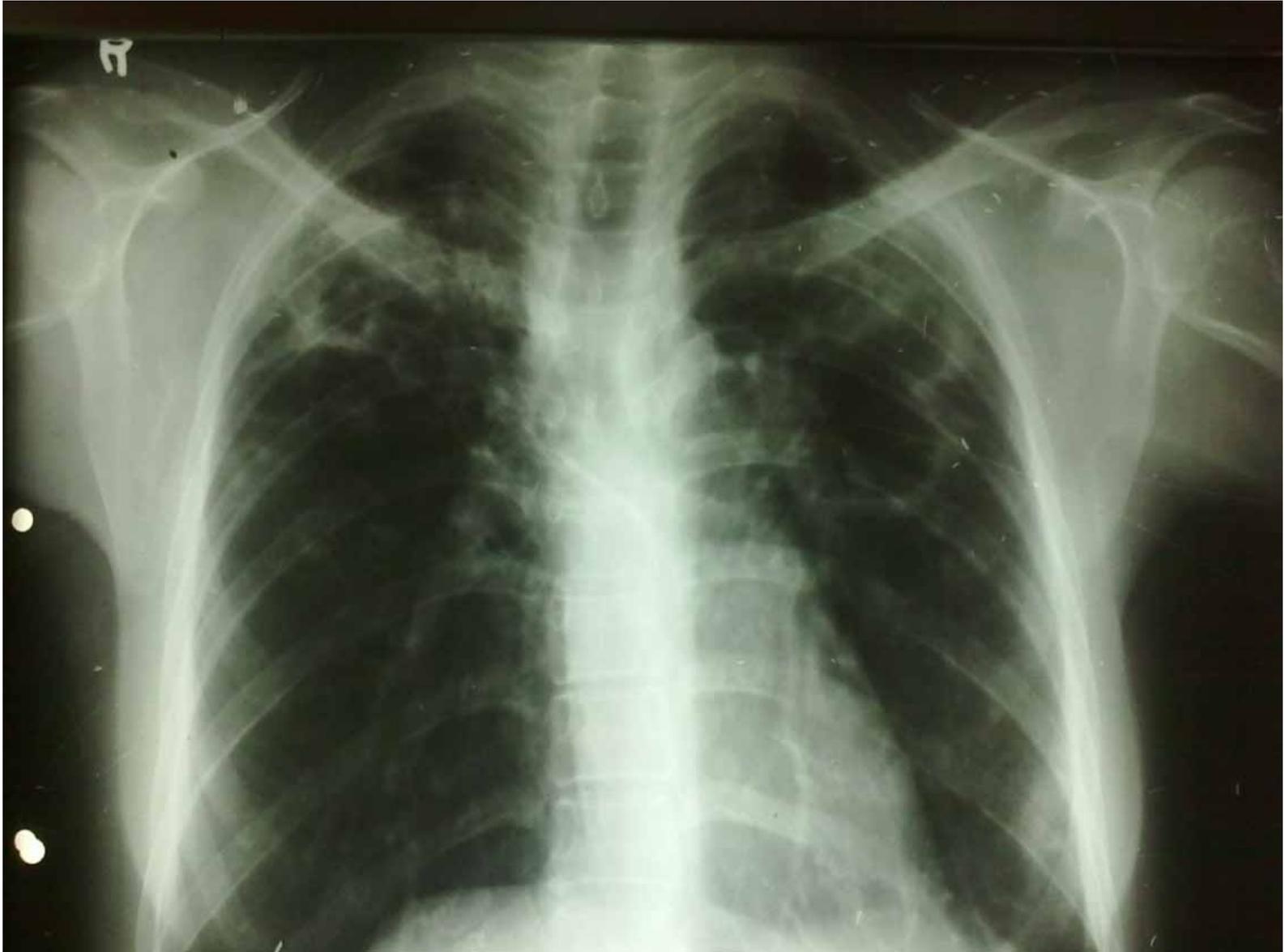


**After antibiotics residual pleural effusion and pneumonia
persisted
Bronchial Lavage AFB positive**



after 6 month ATT

MDR TB



Done on: 03.08.10

Direct Smear for AFB(ZN Stain) Positive ++

Culture: M. Tuberculosis isolated

SENSITIVITY

- ISONIAZID R
- ETHAMBUTOL R
- STREPTOMYCIN R
- RIFAMPICIN R
- CIPROFZOXACIN /
- PYRAZINAMIDE /

