

## Snapshot

### Can Tuberculosis Still Act as a Hidden Killer?

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Tuberculosis has always been an eminent disease for its varied presentation.<sup>(1)</sup> Patient presenting with constrictive Pericarditis and S/S of cardiac tamponade is quite common in places where it is still a major chronic infective disease.<sup>(2)</sup> but patient presenting with resistant atrial arrhythmia with other non-specific S/S may be overlooked<sup>(3,4,5)</sup> following case is an example:

#### Case Scenario

A 42-year-old, Pakistani woman, doctor by profession, working as instructor in the department of pathology in a medical college at Karachi presented in 1999 with the complaints of palpitation & arrhythmia along with a feeling of suffocation off and on. She also had complaints of cough that was for few months and was episodic in nature; the episode remained for few minutes getting relieved with

cough syrup and Salbutamol inhaler. She was not diabetic and was never knowingly exposed to any patient of tuberculosis. In the past 3-4 years she was working in a dispensary at a small town in Saudi Arabia along with her husband who was also a doctor.

There was no remarkable finding on cardiovascular and chest examination except during the period of arrhythmia she had irregular drop beats.

Her ECG had few atrial ectopics otherwise was normal. Her chest X-ray had nonspecific haziness in the right middle and lower zone, there was no evident calcification. Her tuberculin test was marginally positive. Sputum for acid fast bacilli was negative (in morning samples for three consecutive days). Other investigations are shown in the Table 1.

**Table (1). Some investigations along with follow-up results**

Investigation	Result	Follow-up result
Hemoglobin	12.5 mg%	12 mg%
TLC	10,000 x 10 <sup>3</sup> /μl	6000 x 10 <sup>3</sup> /μl
DLC	N=69%, L=30%, E=1%	N=52%, L=45%, E=2%
ESR	50mm after one hour	25 mm/hour
Blood sugar fasting	98 mg%	————
Enda TB test	Positive (with recommendation to correlate with the clinical findings)	————
Sputum AFB	Day one = negative	Day two = negative Day three = negative

She was prescribed a 7 days course of antibiotics along with an anti-allergic, considering that she has respiratory tract infection along with some allergic element. Her cough improved with this but the complaint of palpitations continued and became gradually more frequent associated with sinking feeling. For this she was prescribed calcium channel blocker with advice of avoiding tea-coffee and cola drinks and to take proper rest and avoid stress.

Her ESR which was initially 50mm/hr dropped to 25 mm/hr. The follow-up X-ray appeared to have improved with reduction in the haziness seen in the previous X-ray. Her ECG remained same and ETT was not informative. Suddenly one night she had severe arrhythmia and she died before reaching the hospital.

On autopsy the heart revealed multiple granulomas with caseation necrosis in all the three layers including pericardium, myocardium and also endocardium.

This case emphasizes the importance of keeping high level of doubt for any patient with persistent symptoms in a region with high incidence of tuberculosis.<sup>(4)</sup>

#### References

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