



Treatment and Management of Latent Tuberculosis Infection in Lethargic Patient

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Case Presentation

A 20-year-old Asian immigrant female medical student presented to a health clinic with a four months history of lethargic feeling and occasional cough at night. Her Past Medical History revealed tuberculosis and discontinued treatment prior to 24 weeks due to lack of health care awareness. Discontinuing treatment prior to completion can leave patients infectious and symptomatic [1]. A chest x-ray (CXR) was done in this patient and revealed elevation of the left hilum and minimal fibrocavitary changes in the immediate left infraclavicular area [2-4]. A Tuberculin Skin Test (TST) was placed which resulted in a 9 mm induration. Per hospital protocol, sputum specimens were collected for acid fast stain-culture and resulted in negative Acid Fast Bacilli (AFB) from pooled sample. Also HIV-1 Ab ELISA test was done to rule out Immuno deficiency of this patient and results were Negative for HIV-1 antibodies. She was diagnosed with latent Tuberculosis Infection (LTBI). She received a total of nine months of Isoniazid (INH) treatment. The local health department monitored for hepatotoxicity with Liver profile test by checking with AST, ALT and other liver enzymes. She completed treatment successfully without side effects or adverse reactions. Also CXR was done after the treatment and revealed the left hilar elevation associated with old fibro cavitary areas in the left infra clavicular area compatible with old LTB CXR. Residual radiological lesions may persist even after successful treatment of tuberculosis [5]. There is No evidence of inflammatory infiltrates or any acute infection [6-9].



Figure 1: Tuberculosis Infection in Lethargic Patient.

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