

Miliary Tuberculosis with Atypical Presentation Revealing Adnoarcinoma in a Young Adult: About a Case and Review of Literature

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ABSTRACT

A typical presentation of miliary tuberculosis is radiologically defined by the presence of diffuse micronodules of different size and irregular contours distributed throughout the lung parenchyma. We report the case of a 24-year-old young adult, who presented a metastatic adenocarcinoma revealed by respiratory symptoms, and a balloons releasing image on the chest scanner.

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Introduction

A typical miliary tuberculosis is radiologically defined by the presence of diffuse micronodules of different size and irregular outlines distributed throughout the pulmonary parenchyma and inhomogeneously.

This radiological image should evoke causes of infectious origin but also a neoplastic malignant origin.

We report the case of a 24-year-old young adult, who presented with metastatic adenocarcinoma revealed by respiratory symptoms, and a balloon release image to the chest scanner.

Case Report

This is a 23 year old patient with a history of occasional active smoking, with no other notable pathological history, put on antibacillary treatment for 1 month before admission for pulmonary tuberculosis retained on clinical and radiological criteria not confirmed bacteriologically admitted to the Pneumology department of Mohammed VI Oujda University Hospital for a respiratory symptomatology made up of chest pain, chronic dyspnea of acute aggravation Stage 3 of Mmrc associated with diffuse abdominal pain. This symptomatology was evolving in a context of deterioration of the general state of unstated weight loss and in a febrile context.

Clinical examination on admission found a patient conscious, impaired, cachectic, hemodynamically stable, 87% desaturates in ambient air, 92% correct under 2L, slightly discolored conjunctiva.

Pleuropulmonary examination was almost normal. Lymph node examination found a mobile right cervical lymphadenopathy of 2 cm, without inflammatory signs.

Abdominal examination was in favor of abdominal tenderness without other abnormalities.

Biological assessment was marked by normochromic normocytic anemia, hyper leukocytosis, at 14700 and thrombocytosis at 479000. viral Serologies were negatives, PCR Sarscov2 was also negative.

Bacteriologically: BK's searches were negative; Jiroveci's pneumocystosis search was also negative

Radiological assessment: Chest X-ray showed multiple confluent nodules in diffuse locations at the level of the two thoracic hemichamps, associated with a low pleurisy (Figure 1).



Figure 1. Interstitial syndrome with diffuse nodular and micronodular opacities associated with a right pleurisy of moderate abundance

Chest scanner objectified bilateral pulmonary nodules producing, balloon release image, bilateral necrotic mediastino-hilar, axillary and supraclavicular lymphadenopathy, mixed lesions of the D12 vertebral body, with a heterogeneous appearance of the D1 vertebral body (Figure 2-3).

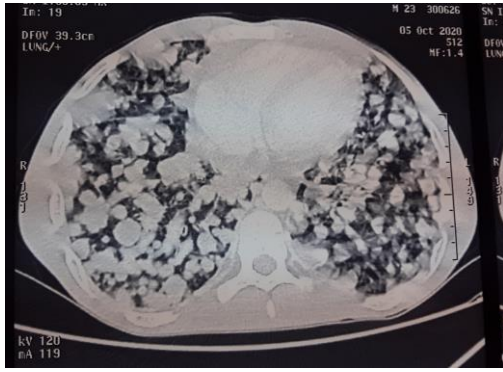


Figure 2 . Parenchymal sections of the chest scanner shows the image of balloon releasing

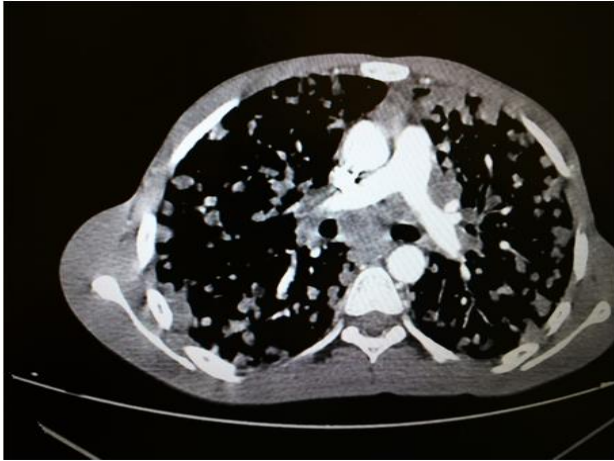


Figure 3. Mediastinal sections of the chest scanner shows the hilar lymphadenopathy

Abdominal ultrasound objectified a discrete hepatomegaly associated with a plaque at the level of the segment IV of angiomatosis appearance

Anatomopathological study of a lymph node biopsy of a right cervical lymphadenopathy (Figure 4) was in favor of a metastatic aspect of a well differentiated adenocarcinoma whose immunohistochemical origin was not identified because the patient died in intensive care following respiratory distress and trouble of consciousness.



Figure 4. Cervical lymphadenopathy biopsy scar

Discussion

Faced with a radiological aspect of release of balloons, the first diagnosis to be evoked is a malignant lesion, in particular pulmonary metastases. Benign etiologies represent only 5 to

10% of pulmonary balloon releases and may be of infectious origin [1-2].

Tumor pathologies, foremost among which are metastases from testicular cancer in men, breast cancer in women and more rarely ENT cancers, bronchial cancers, digestive cancers and sarcomas [3].

The literature reports particularly in young adults Hodgkin lymphoma revealed by the release of balloon. The radiographic and computed tomography features of Hodgkin lymphoma are nonspecific.

In its primary form, Hodgkinian lymphoma, parenchymal involvement is exclusive without mediastinal lymphadenopathy [4] [5]. The involvement is multi-nodular, bilateral, rarely isolated [6].

Among the benign causes, granulomatosis, amyloidosis, rheumatoid nodules, hamartomas, inflammatory pseudotumors are sometimes reported. Infectious pathologies (tuberculosis, hydatid cysts) are more rarely described [3]

The atypical presentation of pulmonary tuberculosis in the form of multiple bilateral pulmonary nodules with a peripheral site of more than 1 cm simulating pulmonary metastases has been exceptionally reported in the literature [1]. These lesions may burrow and / or have irregular contours with associated micronodules. Histological diagnostic confirmation of these pulmonary lesions is imperative [7].

Conclusion

Tuberculosis infection should not be evoked systematically without biological or histological proof, even in an endemic area because any delay in diagnosis can lead to the death of a child or a young patient from a curable disease.

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