AUCTORES
Globalize your Research

Clinical Research Notes
Gokhan Perincek

Open Access

Clinical Image

A Rare Presentation İn a Patient with Silicosis: Soft Tissue Tuberculosis

Gokhan Perincek
Kars Harakani State Hospital, Department of Respiratory Medicine, Kars, Turkey
Corresponding Author: Gokhan Perincek, Kars Harakani State Hospital, Department of Respiratory Medicine, Turkey. E-mail: dnzlsema@gmail.com

Received Date: May 20, 2020; Accepted Date: June 24, 2020; Published Date; June 30, 2020.
Citation: Gokhan Perincek. A Rare Presentation İn a Patient With Silicosis: Soft Tissue; J. Clinical Research Notes :1(3). Doi: 10.31579/2690-8816/013.

Case

Silicosis, the most common of the pneumoconioses, is associated with inhaled crystalline silica (1). Silica particles exposed people have increased risk for tuberculosis and other mycobacterium-associated diseases (1). The possibility of tuberculosis occurence in patients with silicosis has been demonstrated by several studies (1-2). Herein, we aimed to report a 32-year-old man who represented a soft tissue tuberculosis caused by silicosis.

A 32-year-old male patient was admitted to our clinic with intermittent dyspnea and discharge from the anterior part of the chest for two weeks. The patient was diagnosed as silicosis after working as a denim grinder for 3 years. The lesion was unresponsive to 2 weeks of antibiotic treatment, and the lesion was raised from the surface and hyperemic. Sputum acid-fast bacteria (AFB), culture samples and biopsy material were taken from the patient who had higher c-reactive protein and sedimentation rate. Thorax computed tomography demonstrated that bilateral lymph nodes with the largest diameter of 18 mm in the hilar, subcarinal, prevascular, aorticopulmonary lower-upper paratracheal areas, some of which had calcifications in the periphery. Diffuse, localized, milimetric nodules in the upper lobs of both lungs and irregularly limited focal consolidation areas in the lower lobe of the left lung and in the superior segment of the lower lobe of the right lung were observed (**Figure 1-2**). Sputum AFB and culture was negative. In the biopsy material was shown that granulomatous inflammation characterized by Langhans type cells containing caseification necrosis (**Figure 3**). The patient was diagnosed with as granulomatous inflammation, and antituberculosis treatment including isoniazid, rifampin, pyrazinamide and ethambutol was started. In the second month of the treatment, the lesion of the patient healed and the treatment was completed to 9 months. The written consent form was taken for this case presentation. The patient is being followed up in our clinic.

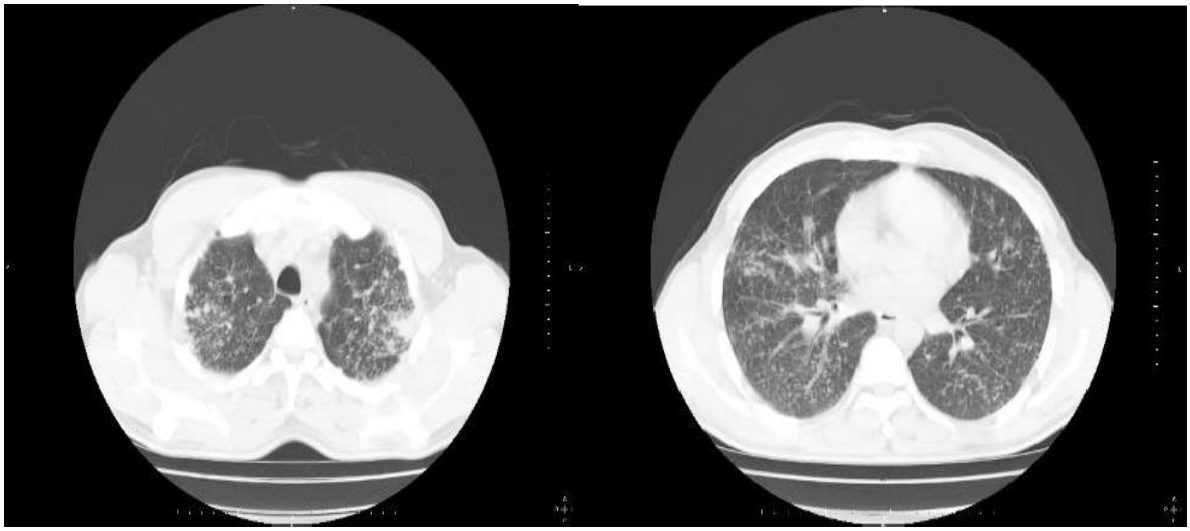

Figure 1-2. Thorax computed tomography slides of the patients

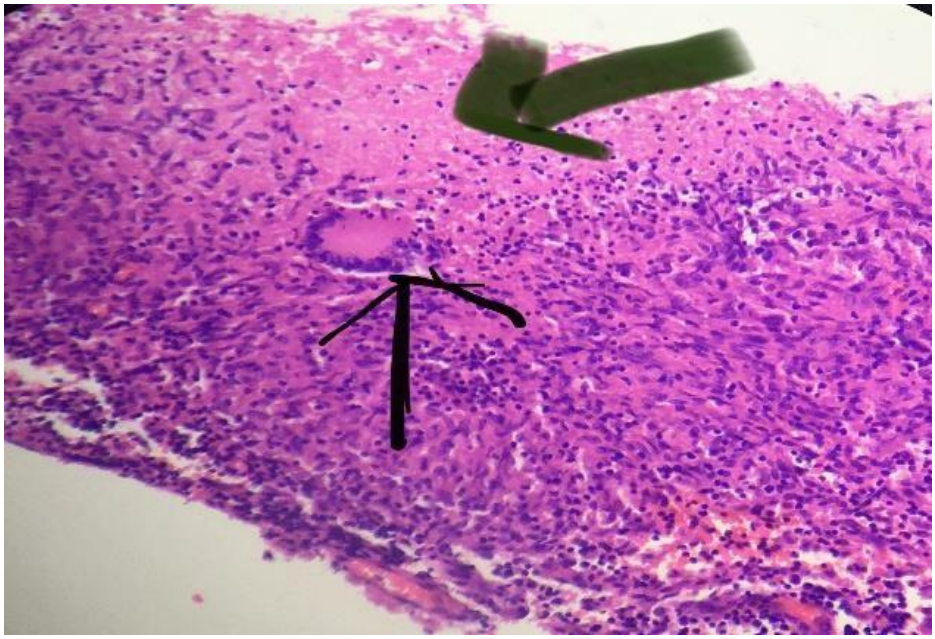

Figure 3. The biopsy material including granulomatous inflammation characterized by Langhans type cells containing caseification necrosis

References

1. Milovanović A, Nowak D, Milovanović A, Hering KG, Kline JN, et al (2011). Silicotuberculosis and Silicosis as Occupational Diseases: Report of Two Cases. Srp Arh Celok Lek ;139(7-8):536-39.
2. Claudia C, Agripina R, Ana Maria T, Elena D, Stela H , et al. (2012). Pulmonary silicotuberculosis in an electrician male-Case report and literature review. ARS Medica Tomitana; 3(70):140-45.