

**PRESENTER - Dr. Dhavamugi**

**MODERATOR: Dr. Mary Lilly**

## Tuberculosis Summary

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Chronic infectious disease caused mainly by *Mycobacterium tuberculosis*. Spread via aerosols. Primarily affects lungs but can be systemic.

### **Causative Mycobacteria**

*M. tuberculosis* – Human TB.

*M. bovis* – Cows, unpasteurized milk (intestinal TB).

*M. leprae* – Leprosy.

Atypical: *M. avium*, *M. kansasii*, *M. scrofulaceum* (in AIDS patients).

### **Risk Factors**

Poverty, crowding, AIDS, diabetes, malnutrition, Hodgkin lymphoma, unpasteurized milk.

### **Pathogenesis**

1. Entry    Replication in macrophages.
2. Activation of TLR2.
3. Th1 response (via IL-12, IFN- $\gamma$ ).
4. Macrophage activation (Phagolysosome fusion, ROS, NO, Autophagy, Defensins).
5. Granuloma formation    tissue damage.

### **Types of TB**

Primary TB: First infection, GHON Focus, GHON Complex, No cavitation.

Secondary TB: Reactivation, affects lung apex, cavitation present.

Progressive Pulmonary TB: Elderly/immunocompromised, erosion    cavities    hemoptysis.

Miliary TB: Hematogenous spread, tiny lesions in multiple organs.

### **Named Lesions**

Simon's focus – Apical nodule from prior TB.

Rich's focus – Brain cortex granuloma.

Weigert's focus – Pulmonary vein.

Ranke complex – Healed GHON complex.  
Assman lesion – Infraclavicular lesion.

### **Clinical Features**

Malaise, weight loss, night sweats, low-grade fever, hemoptysis, chest pain.

### **Lab Diagnosis**

Active TB: AFB stain (ZN), Culture, CBNAAT/GeneXpert.

Latent TB: Tuberculin (Mantoux), IGRA (QuantiFERON-TB Gold).

### **Extrapulmonary TB**

Lymph nodes (scrofula), intestine, meninges, eye, pleura, pericardium, bones (Pott's), adrenals (Addison's), fallopian tubes, kidney, skin.

### **Atypical Mycobacteria**

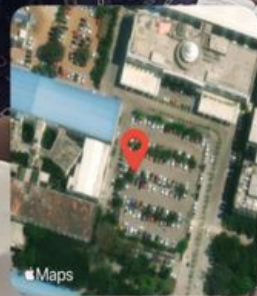
Seen in AIDS/immunocompromised. MAC, M. kansasii, M. xenopi. Hot tub lung = hypersensitivity pneumonitis.

### **HIV and TB (CD4 Count)**

CD4 >300–500: Typical cavitary TB (lung apex)

CD4 <200: Atypical, extrapulmonary TB

CD4 <50–100: Miliary TB, poor granuloma formation, numerous AFB



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