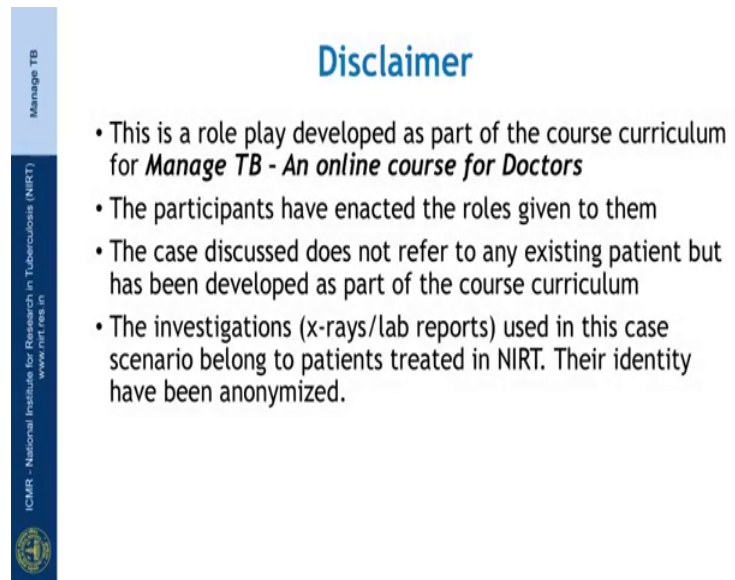


Manage TB
National Institute for Research in Tuberculosis, Chennai

Lecture – 21
Approach to diagnosis of Pulmonary Tuberculosis
Case Discussion

(Refer Slide Time: 00:12)



Disclaimer

- This is a role play developed as part of the course curriculum for *Manage TB - An online course for Doctors*
- The participants have enacted the roles given to them
- The case discussed does not refer to any existing patient but has been developed as part of the course curriculum
- The investigations (x-rays/lab reports) used in this case scenario belong to patients treated in NIRT. Their identity have been anonymized.

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A very good morning to you Sir.

Good morning doctor (Refer Time: 01:08).

Sir, I have a case to be discussed with you.

Yeah go ahead.

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Case description

- 35-year-old male
- Working in Software company
- Persisting cough for > 20 days
- Fever - 1 week, intermittent
- Loss of weight and appetite - 2 months
- No co-morbid conditions
- Smoker for past 10 years

Sir, there is a 35 year old gentleman who is working in IT company, came with history of a cough for past 20 days.

Ok.

And a fever for past 1 week and also there is loss of appetite and loss of weight for 2 months.

So what are the test will you order for this patient?

Sir before that, I have had a detailed examination and also I acquired a detailed history.

Ok.

I, I asked about the a nature of cough, types of sputum and the antibiotics taken by him and I I have also enquired about any first antituberculous treatment ah. He, but he denied the history.

He also did not have any exposure with any TB patient in his locality or in his work place.

The patient is not reactive to HIV and he is not on any immune suppressive agents like steroids and there is no history suggestive of diabetics and malignancy. I also asked the history of smoking. I also done a systemic and gentle examination thoroughly.

Then what are the additional investigations will you order in this patient for diagnosis?

Since, this patient satisfy the criteria for presumptive pulmonary TB, so, I will order for two sputum smear for A F B which should be taken in 1 or 2 constitutive days and one sputum for gene Xpert M T B Rifampicin. I also order for chest X-ray P I A.

Good; you have really mentioned about most relevant test for diagnosis in Pulmonary Tuberculosis. What about serology blood serology? Would you order blood serology in this patient?

No Sir, definitely not. I will not order because as per the government of India notification, 433 E dated 07th June 2012, it says that no commercially serological test to diagnose TB is should not be done. So, I will not go further commercially available serological test.

I am very glad that you are aware of this and would we would we able to diagnose Pulmonary Tuberculosis with the help of just chest X-ray?

Sir, chest X ray is not a confirmed test. It is only a complimented test because abnormal shadow the is not specific for pulmonary.

What you think about the role of C T chest in this patient for diagnosing Pulmonary Tuberculosis?

Sir, if if the sputum smear for A B F is negative and or if the sputum gene Xpert M T B Rifampicin is negative and chest X-ray found to be normal, then we can take the help of C T in eliciting the yearly changes and the C T scan also helps in rolling out the pulmonary pathologies.

Then, what is the confirmatory test for Pulmonary Tuberculosis diagnosis?

Confirmatory test is smear positive sputum for A F B and or sputum gene xpert M T B Rifampicin.

Culture positive also but it will come later on.

Yes.

Ok. So, bacteriologically positive (Refer Time: 05:09) this.

(Refer Time: 05:10) take it as. (Refer Time: 05:11)

Take it as confirmatory test.

Exactly sir.

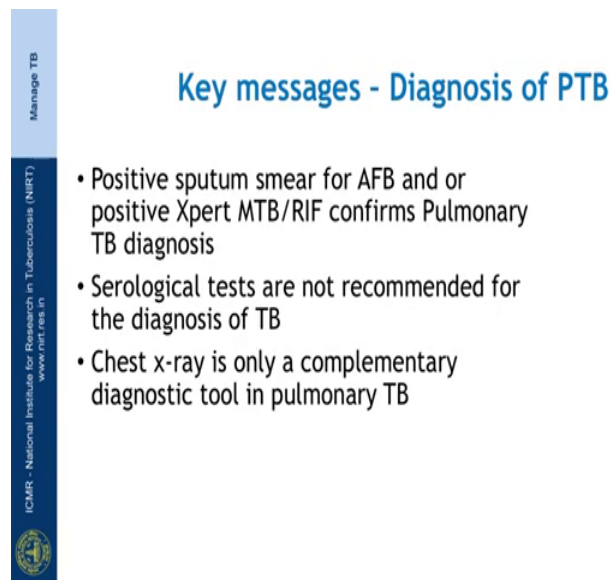
In the diagnosis of Pulmonary Tuberculosis.

Yes sir.

Well done. Could you just summarize important points out of our case discussion?

Definitely Sir.

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Key messages - Diagnosis of PTB

- Positive sputum smear for AFB and or positive Xpert MTB/RIF confirms Pulmonary TB diagnosis
- Serological tests are not recommended for the diagnosis of TB
- Chest x-ray is only a complementary diagnostic tool in pulmonary TB

Positive sputum smear for A F B and or positive Xpert M T B Rifampicin confirms Pulmonary TB diagnosis. Serological tests are not recommended for the diagnosis of T B. Chest X-ray is only a complementary diagnostic tool in pulmonary TB.