

**UNUSUAL PRESENTATION OF EXTRAPULMONARY TUBERCULOSIS :
REPORT OF TWO CASES**

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Introduction Two cases of extrapulmonary Tuberculosis(TB) in immunocompromised non-AIDS patients, presenting as osteochondritis and lymphadenitis respectively are reported.

Case 1. A 79-year old female patient with chronic renal failure presented with a painful anterior chest wall mass, progressively increasing in size for the past month, low grade fever and night sweats. Chest CT scan revealed a inhomogeneous lesion located around the 4th right rib costal cartilage. Incision of the lesion revealed caseous fluid material. Subsequent acid-fast staining showed numerous acid fast bacilli and culture on Lowenstein-Jensen(LJ) yielded *M.tuberculosis*, sensitive to all antituberculous drugs. There was no evidence of pulmonary involvement. The patient responded well to a four drugs antituberculus regimen.

Case 2. A 28-year old male patient presented fifteen months prior to his current admission, with fever, left cervical and supraclavicular lymphadenopathy.A biopsy was diagnostic for Kikuchi-Fujimoto disease. Four months later, due to relapsing of the symptoms he was started on steroid with a rapid response. He was also treated with isoniazide(INH) because of a tuberculin skin test conversion. Six months later, while on INH but not steroids, painless enlargement of the same lymph nodes was noted again. Acid-fast staining and cultures on LJ of pus-like material from needle aspiration were positive for M.Tuberculosis sensitive to all anti-TB drugs even INH. Patient was treated with a four drug regimen successfully.

Conclusions Extrapulmonary tuberculosis should be included in the differential diagnosis of unusually located lesions. Because of poor sensitivity of classic diagnostic methods and the need of biopsy, new test are necessary.