Miliary Tuberculosis or Disseminated Tuberculosis

Key words: definition, miliary tuberculosis, chest roentgenogram, hematogeneous dissemination

Because miliary tuberculosis is a pathological name describing miliary (millet seed) granulomas in various organs affected by hematogeneous dissemination of tubercle bacilli, the phrase “miliary tuberculosis not affecting the lung” is not a mistake. Clinicians may feel that is an unusual phrase, because they normally diagnose miliary tuberculosis by miliary shadows in the chest roentgenogram. In fact, disseminated tuberculosis affected the lung in 86 and 88% of the papers referred in the article (1) and in 93, 97, and 91% in textbook (2). Additionally, ARDS (acute respiratory distress syndrome) is usually recognized on the chest roentgenogram by observing the clinical course of miliary tuberculosis. So the title of the article “Miliary tuberculosis not affecting the lung but complicated by ARDS” is no doubt of interest to clinicians.

The title must be attractive, but also must briefly summarize the content of the paper. Merely by reading the title of the article, readers of Internal Medicine, who are mostly clinicians, may be very interested in how the authors were able to diagnose the present case as miliary tuberculosis. However, they may be disappointed to find the title is based on autopsy findings.

Recognition of tubercle granulomas in the bone marrow sample occurred only one day before death, the central spinal fluid findings to support tuberculosis showed only lymphocytosis (ADA was not found), and miliary shadows were not detected. How did the authors clinically diagnose the case as miliary tuberculosis and start to use anti-tuberculosis drugs? If a technique for clinical diagnosis of miliary tuberculosis was shown, it might be useful for clinicians to suspect the disease.

As miliary tuberculosis is a pathological condition due to hematogeneous dissemination of tubercle bacilli, some cases of miliary tuberculosis may not show miliary shadows on the chest roentgenogram. However clinical diagnosis is almost always obtained by miliary shadows on chest roentgenogram or CT. In addition, miliary tuberculosis diagnosis other than by miliary shadows may become rare, as autopsy cases are less common recently. In order to clarify miliary tuberculosis diagnosis either clinically or pathologically, I would like to propose that disseminated tuberculosis with miliary shadows on the chest roentgenogram is called miliary tuberculosis and the cases showing no miliary shadows are called disseminated tuberculosis. This naming should be considered acceptable by clinicians, and may be useful to avoid misunderstanding.

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References