Chest Wall Tuberculosis

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An 81-year-old woman was admitted due to a painful mass in her left chest wall. She first noticed the chest mass one week before admission. The mass was elastic, soft, hot and painful. Computed tomography imaging (Picture A) detected a solitary isodensity mass. Fat-suppressed T2-weighted magnetic resonance imaging (Picture B, C) showed a 6×5×3 cm sized high-intensity abscess located between serratus anterior and latissimus dorsi muscles. She underwent the creation of a small incision and drainage. We detected Mycobacterium tuberculosis after performing a Ziehl-Neelsen stained smear assay, culture and polymerase chain reaction of the content of the mass. We initiated treatment with standard anti-tuberculous drugs, which were planned to be continued for six to nine months.

A common symptom of chest wall tuberculosis is a solitary and palpable mass (1). It is difficult to distinguish chest...
wall tuberculosis from pyogenic infections using imaging results (2). “The possibility of tuberculosis” should always be remembered.

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References
