Extrapulmonary Tuberculosis on Chest X-rays

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A 36-year-old woman presented with a one-week history of hemoptysis. A chest examination revealed the presence of bilateral crackles. Chest radiographs showed patchy upper lobe consolidation with a fusiform opacity overlying lower

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the thoracic and upper lumbar spine (Picture 1, arrows). She also reported one episode of backache one month prior to presentation. Computed tomography of the chest revealed osteolytic T9-L2 vertebral bodies with an erosive anterior border and a sharp-delineated paraspinal mass with fine calcification (Picture 2, circle). Magnetic resonance imaging of the spine disclosed a peripherally enhanced rim (Picture 3, arrows) of the paraspinal soft tissue mass (Picture 3; a: sagittal view, b: transverse view). Her sputum stained positive (3+) for acid-fast bacilli and later grew *Mycobacterium tuberculosis*. After one month of administering anti-tuberculosis (TB) chemotherapy, her airway symptoms and chest images improved. She responded well to the anti-TB chemotherapy. The paraspinal abscess resolved without surgical intervention and no neurological deficit or spinal deformity was noticed after completing 1 year of anti-TB chemotherapy.

Calcification in a paraspinal abscess is highly suggestive of TB (1). Pott's disease, also known as tuberculous spondylitis, is often associated with the presence of a paraspinal abscess which can be detected some distance away from the spine on chest radiographs (2). The identification of a radiographically visible paraspinal abscess is therefore valuable for recognizing this potentially life-threatening form of extrapulmonary TB.

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References


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