Tuberculosis-immune Reconstitution Inflammatory Syndrome

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An 87-year-old woman with hypertension and hyperlipidemia complained of dyspnea and a fever. Computed tomography (CT) revealed a left-sided pleural effusion, revealing a lymphocytic exudate with 74.3 IU/L of adenosine deaminase, and spondylodiscitis in the Th6 segment (Picture A and B). Sputum culture revealed Mycobacterium tuberculosis without drug resistance. We started antituberculosis therapy with isoniazid (200 mg/day), rifampin (450 mg/day), and ethambutol (750 mg/day) with good adherence. Her fever recurred two weeks following antituberculosis therapy initiation. One month later, CT revealed a new mass in the right upper lobe that was positive on tuberculosis-polymerase chain reaction (assessed using CT-guided biopsy) and progressive spondylodiscitis (Picture C and D). Five months later, CT showed that the mass in the right upper lobe had shrunk in size with progressive spondylodiscitis (Picture E and F). We diagnosed this clinical course as tuberculosis-immune reconstitution inflammatory syndrome (IRIS). Tuberculosis-IRIS is not a rare phenomenon; however, it can be misdiagnosed as superimposed infections, treatment failure, or tuberculosis relapse (1).

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**Reference**


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