Nonreactive Miliary Tuberculosis

Key words: peripheral blood smear, skin biopsy, tuberculosis cutis miliaris disseminata

A 59-year-old man, not immunocompromised, i.e. not infected with the human immunodeficiency virus (HIV) and not alcoholic, was admitted to our hospital because of high fever and petechiae on his face and trunk. Acid-fast stain of peripheral blood smear specimen showed acid-fast bacilli (AFB) phagocytised by polymorphonuclear cells (Fig. 1). M. tuberculosis was isolated from peripheral blood in Ogawa's culture medium. Examination of the skin biopsy specimen showed abundant AFB and inflammatory cells but no granuloma in the dermis (tuberculosis cutis miliaris disseminata) (Fig. 2). Evaluation of transbronchial lung biopsy and bone marrow aspirate specimens showed few granuloma against M. tuberculosis. We gave a diagnosis of nonreactive miliary tuberculosis. Despite antituberculous therapy, he died of sepsis secondary to Aspergillus infection 49 days after admission.

Acid-fast stain of peripheral blood smear and skin biopsy are sometimes useful for rapid diagnosis of miliary tuberculosis.

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Figure 1. Acid-fast stain of peripheral blood smear specimen showed acid-fast bacilli (AFB) phagocytised by polymorphonuclear cells (×1,000).

Figure 2. Examination of the skin biopsy specimen showed abundant AFB and inflammatory cells but no granuloma in the dermis (tuberculosis cutis miliaris disseminata) (acid-fast stain, ×400).