The index of suspicion for endobronchial tuberculosis when the chest X-ray is normal

Sir,

In contrast to the absence of cough at the time of presentation with complications of endobronchial tuberculosis, a chronic ‘barking’ or ‘hacking’ cough may be a notable feature of endobronchial tuberculosis, present in 61.1% of 121 patients in one study. In that study, 24.8% of the patients had radiographic evidence of loss of lung volume, 58.7% had parenchymal infiltration and 8.3% had a cavitating lesion. Furthermore, as many as 8.3% had clear lung fields. Given the fact that chest radiography was normal in as many as 8.3% of the 121 patients there should be a high index of suspicion for this diagnosis, despite a normal chest X-ray, when the patient gives a history of chronic ‘barking’ or ‘hacking’ cough which goes on for months and for months without any response to antitussive or other medications. The index of suspicion should remain high even when the patient with hacking cough of several months duration seems to be in a low-risk category for Mycobacterium tuberculosis infection, on the basis of absence of alternative symptoms of tuberculosis, such as weight loss, fever or night sweats. In the particular instance of the patient in that report, even ethnicity (Caucasian) and country of domicile (United States of America) did not mitigate against the eventual diagnosis of M. tuberculosis. Delay in making the diagnosis increases the risk of transmitting M. tuberculosis infection to the patient’s contacts. In one such instance the risk was high because the patient was a schoolteacher with sputum which was smear positive for acid-fast bacilli.

As a result as many as 80 of her contacts subsequently required prophylaxis against M. tuberculosis.

O.M.P. Jolobe
Manchester Medical Society, Simon Building, Brunswick Street, Manchester M13 9PL, UK
email: oscarjolobe@yahoo.co.uk

References


doi:10.1093/qjmed/hcu228
Advance Access Publication 18 November 2014

Response: Endobronchial tuberculosis: always a diagnostic challenge

Sir,

We thank Dr. Jolobe for his interest in our reported case who developed acute lung collapse due to bronchostenosis as a sequela of undiagnosed endobronchial tuberculosis (EBTB). As Dr. Jolobe pointed out, EBTB presenting in the absence of radiologic TB lesions is often a great diagnostic challenge. The diagnosis is often delayed and some of these patients might be misdiagnosed as having asthma because of the similarity in symptomatology. Although being well described in textbooks, the so-called characteristic ‘barking’ or ‘hacking’ coughs are not sensitive nor specific enough for ordinary physicians in real-life practice to make a diagnosis or even to raise the suspicion of EBTB. After all, EBTB in the absence of parenchymal TB lesions is uncommon. Rather, the more common presentation of EBTB, which is equally difficult in diagnosis, is in those cases with concomitant pulmonary tuberculosis, like our presented case. Pulmonary TB per se can well account for most of the symptoms in these patients thus the presence of EBTB could easily be missed. Features that might...