

12. PULMONARY TUBERCULOSIS WITH PNEUMONIA-LIKE ONSET IN POST-PANDEMIC ERA: CASE SERIES



Author: Potop - Rotari Dorina; **Co-author:** Amoasii Anastasia, Hapun Diana,

Scientific advisor: Dumitras Tatiana, PhD, Associate Professor, Clinical Synthesis Discipline, Department of Internal Medicine, *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

Introduction. Outbreak of pulmonary tuberculosis (TB) in post-COVID-19 era represents a real medical and social problem. It remains a diagnostic challenge due to a variety of respiratory (pneumonia, malignancy etc.) and extrapulmonary clinical "masks". This complexity often results in a delayed initiation of an appropriate therapy, thereby heightening the risk of *Mycobacterium tuberculosis* transmission.

Case statement. We present three clinical cases of difficult-to-diagnose tuberculosis, with an acute pneumonia-like onset, physical signs of lung consolidation, HIV-negative and lack of response to antibacterial treatment. *M.tuberculosis* infection was confirmed by PCR examination (GeneXpert MTB) of sputum/pleural fluid. Clinical case 1: a 39-year-old male, known with type 1 decompensated diabetes mellitus, admitted with fever up to 39°C, left-sided chest pain, chills, muco-purulent sputum in small quantities. Chest CT revealed bilateral polysegmentary consolidations and minimal left-sided pleural effusion. Pleural fluid examination found 35-40 WBCs per visual field, of them polymorphonuclears 92% and lymphocytes 8%. Clinical case 2, patient, 87 years old, with sequelae of stroke, global heart failure, admitted with mixed dyspnea on minimal physical exertion, cough with muco-purulent sputum, fever up to 38.3°C, postural instability. The Chest X-ray revealed right-sided pleural effusion.

Discussions. In line with our cases, published studies indicate that pseudopneumonic manifestations associated with tuberculosis are more prevalent than other atypical presentations. Diagnosing these manifestations is further complicated by the presence of concomitant diseases such as lymphoma, heart failure etc.

Conclusion. Maintaining vigilance for potential mycobacterial infections and adopting a multidisciplinary approach for patients with multiple comorbidities remain the fundamental pillars in establishing the diagnosis of tuberculosis in the post-pandemic era.