bilateral infiltrative pulmonary TB with unilateral destruction (evolutionary phase), was evaluated. Clinical, laboratory, imaging, and functional investigations were performed.
Results. The examinations revealed intoxication syndrome – CRP 109.84 mg/L, ESR 40 mm/h, LYM 29–31%, HGB 105 g/L; and pronounced bronchopulmonary syndrome – mucopurulent sputum, moderate fever, dyspnea mMRC-3, SpO_2 94%, RR 22. Multiple bilateral peribronchovascular changes (nodular opacities) with destruction zones of 0.5–1.0 cm were identified. AFB was negative; Xpert MTB/RIF was positive and sensitive (sputum and pus from fistula). The TB process had multiple extrapulmonary sites including soft tissue and pleura, with formation of a pleuro-thoracic fistula. Specific RIPE therapy was initiated, alongside symptomatic treatment.
Conclusion(s). This case confirms the necessity of thorough and multidisciplinary evaluation in patients suspected of having TB with both pulmonary and extrapulmonary manifestations. The use of molecular testing (Xpert MTB/RIF) allowed for rapid diagnosis and initiation of appropriate treatment.
Keywords: tuberculosis, destruction, extrapulmonary, imaging, infiltration

CHALLENGES IN INTERPRETING THE URINARY LIPOARABINOMANNAN TEST IN PATIENTS WITH MYCOBACTERIAL INFECTIONS

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Background. Detection of lipoarabinomannan (LAM) in urine is recommended for the diagnosis of tuberculosis (TB) in HIV patients with a CD4 level below 200 c/µl. Theoretically, a false positive result due to nontuberculous mycobacteria is justified, but in the literature we find a small number of cases.
Objective(s). Description of the causes of false positive results of the urinary LAM test in patients suspected of pulmonary TB and highlighting cross-reactivity with nontuberculous mycobacteria.
Materials and methods. The case of a patient hospitalized in the IMSP SCM of Phthisiopneumology in Chisinau, Moldova, living with HIV with a CD4 level below 200 c/µl, with a false positive urinary LAM test and a latter appearance of positive cultures for Mycobacteria Avium was analyzed, and a narrative review of the literature on this subject was performed.
Results. The case of a woman with HIV, CD4-24 c/µl. She presents with cough, fever, and chest X-ray with pulmonary condensation without improvement on antibiotic therapy. To exclude tuberculosis, sputum, bronchoalveolar lavage (BAL), urine and feces were collected, all of which was negative for AFB and Xpert MTB/RIf microscopy. At the same time, the urine LAM test was positive, justifying the initiation of antituberculosis treatment. On the 10th day of treatment, MGIT cultures from sputum and BAL were positive for M. avium. The diagnosis of pulmonary mycobacteriosis due to M. avium was established and the treatment was adjusted.
Conclusion(s). Pulmonary mycobacteriosis caused by M. avium can cause false-positive results of the urinary LAM test, which creates diagnostic and therapeutic dilemmas in patients living with HIV which have a CD4 level below 200 c/µl, for whom the urinary LAM test has a high specificity.
Keywords: nontuberculous mycobacteria, urinary lipoarabinomannan, HIV