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Gross hematuria: A rare presentation of disseminated tuberculosis

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Tuberculosis (TB) is a systemic infectious disease caused by *Mycobacterium tuberculosis* involving any organ. In any child presenting with clinical features involving multiple organ systems, TB forms an important differential. This holds particularly for endemic countries like India. Genitourinary TB (GUTB) comprises up to 27% of all extrapulmonary TB cases. We present an unusual presentation of disseminated TB involving kidneys and presenting as gross hematuria.

We report a case of a 12-year-old girl, presented with recurrent episodes of gross hematuria of one-month duration. She received multiple packed cell transfusions for the same. She had chronic malnutrition. USG KUB with renal doppler was normal. Given persistent hematuria, CT urography was done, which showed features suggestive of papillary necrosis with cystitis. Tubercular workup showed multiple opacities predominantly involving perihilar regions bilaterally on chest x-ray along with positive Mantoux test. Sputum for AFB was positive for tubercular bacilli. Urine samples were also sent for CBNAAT, which showed TB bacilli sensitivity to rifampicin. With a diagnosis of disseminated TB, antitubercular therapy (ATT) was started, followed by cystoscopic resection of inflamed bladder wall tissue. Bladder mucosal biopsy confirmed caseating granulomas suggestive of tuberculous cystitis. The patient is doing well and symptom-free after completion of ATT.

Biography

As an associate professor and consultant, He is pursuing his academic, administrative, and clinical duties with a research interest in the field of congenital disabilities and Pediatrics infection diseases. He is also working as an editor for a monthly newsletter, "Rishi Vansh," associate editor for Frontiers in Pediatrics and Genetics, and has published more than forty articles.

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