

# Tuberculosis and Risk of Acute Myocardial Infarction

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## Introduction

Tuberculosis and Cardiovascular Disease (CVD) have a huge global impact. Tuberculosis and cardiovascular disease can not only occur at the same time, but they can also impact one another's risk. A direct effect of Mycobacterium TB on the heart and coronary arteries enhanced immune activation and cytokine production, and cross-reactivity of anti-mycobacterial antibodies against cardiovascular tissue are all possible contributions to CVD risk in tuberculosis. Several pathogens have been associated with increased cardiovascular disease (CVD) risk. Whether this occurs with Mycobacterium tuberculosis infection is unclear. Tuberculosis was linked to a higher incidence of AMI (adjusted Hazard Ratio (HR) of 1.98, 95 percent confidence intervals (CI) of 1.3-3.0). When the study was limited to pulmonary TB, the results were comparable. Tuberculosis has been linked to a higher incidence of AMI.

Patients with TB were needed not to have filed a tuberculosis claim in the previous year in order to increase their chances of being selected for new tuberculosis diagnosis during the research period. The study excluded patients having claims linked to latent TB infection and non-tuberculosis mycobacterial illnesses.

To increase the chance of new AMI diagnoses being selected

throughout the research period, patients with an index AMI claim were required not to have an AMI claim the year before to their follow-up start date.

Because the research database includes information on month and year, we rounded all dates to the first day of the month and year in question. We eliminated those pairs where an AMI index claim was originally reported during the same month as the index TB claim to properly analyse the timeliness of the index AMI claim in relation to the index tuberculosis claim.

## Conclusion

In this young female patient with no known coronary artery disease risk factors, Mycobacterium tuberculosis may have been implicated in the development of myocardial infarction. Given that TB is still present in some parts of the globe; our message is that tuberculosis as a probable cause of coronary heart disease should not be overlooked.

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