

Multidisciplinary management of Miliary Tuberculosis during pregnancy – a case report

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Introduction

Background

- Tuberculosis (TB) is one of the top 10 causes of death worldwide¹.
- Lympho-haematogenous spread of *Mycobacterium tuberculosis* leads to Miliary TB, a fatal form of disseminated TB².
- With a high prevalence in the developing countries, TB and other infectious disease contribute up to 28% of maternal mortality worldwide³.
- At present, there has not been a case of Miliary TB during pregnancy reported in Australia with only a few reported in developed countries.

Objectives

- We aim to report a case of Miliary TB during pregnancy at an Australian regional hospital.

Case Report

- A 29-year-old female, G3P2, recently migrated from PNG, presented with two-week history of unproductive cough, fevers, rigors, shortness of breath and pleuritic chest pain.
- At presentation, the patient was also found to be 32 weeks pregnant and hypertensive.
- Initially treated as Pneumonia, patient deteriorated despite broad spectrum intravenous antibiotic therapy needing admission to ICU.
- She reported being in close contact with her neighbour in PNG with TB.
- Quantiferon Gold performed was positive, Sputum AFB negative, pleural fluid positive for AFB.
- Her pregnancy was further complicated by Gestational Diabetes, Pre-eclampsia, positive Hepatitis B with high viral load and multiple sexually transmitted infections with Chlamydia and Trichomonas.
- With local MDT involving ICU physicians, Obstetricians, Paediatricians and Infectious Disease physician in consultation with tertiary centre, a decision made to manage her locally.
- Tuberculosis quadruple therapy was commenced.
- The patient delivered a healthy baby boy at 38 weeks via spontaneous vaginal birth. Liquor and placental swab were negative for AFB.

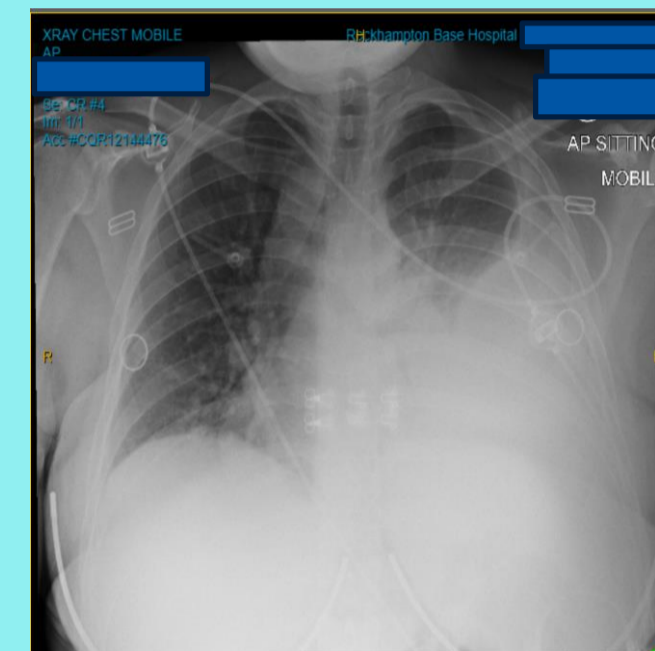


Figure 1: Chest X-ray revealed mediastinal displacement to the right secondary to a large left-sided pleural effusion and suspected left lower lobe consolidation.

Conclusion

Discussion

- Pregnancy is an immunosuppressed state in which oestrogen and progesterone levels changes inhibit the function of lymphocytes. Maternal TB is shown to have a poor prognosis for both mother and baby⁴.

Recommendations

- This case highlights the importance of having high index of suspicion to investigate for TB in pregnant patients presenting with lower respiratory symptoms in immigrant populations and utilise a MDT approach.

References

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