

# Tuberculosis detected in temporal artery biopsy

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**A** hypertensive 86-year old man, with prostate cancer and excessive consumption of ethanol was admitted due to anorexia, asthenia, weight loss, headaches and confusion. The physical evaluation showed as noticeable changes a 38°C temperature, reduced body hair, telangiectasies and breast enlargement. He did not present any meningeal syndrome or neurological deficit. From the first evaluation it was noticed a slight pancytopenia and sedimentation rate > 100 mm. His study, which has included thorax X Ray, urine, blood and bone marrow cultures, serological reactions including HIV, bone marrow biopsy and lumbar puncture, was inconclusive. On a subsequent investigation he underwent a temporal artery biopsy. The artery was a muscular type, with a proliferation of the tunica intima and the limiting elastica interna, without any compatible change with temporal arteritis. With the artery there was a small node of lymphoid tissue (Verhoeff's stain, Fig. 1), with alterations of a reactive standard, with a shade of epithelioid "picket fence" and Langhans cells (Hematoxylin & Eosin, Fig. 2), being identified acid-alcohol-resistant bacilli (BAAR) through Ziehl-Neelsen stain (box inserted on Fig. 2). The patient had febrile peaks, a few cervical small lymph nodes and one in the right axillae were detected, which grew during one week.

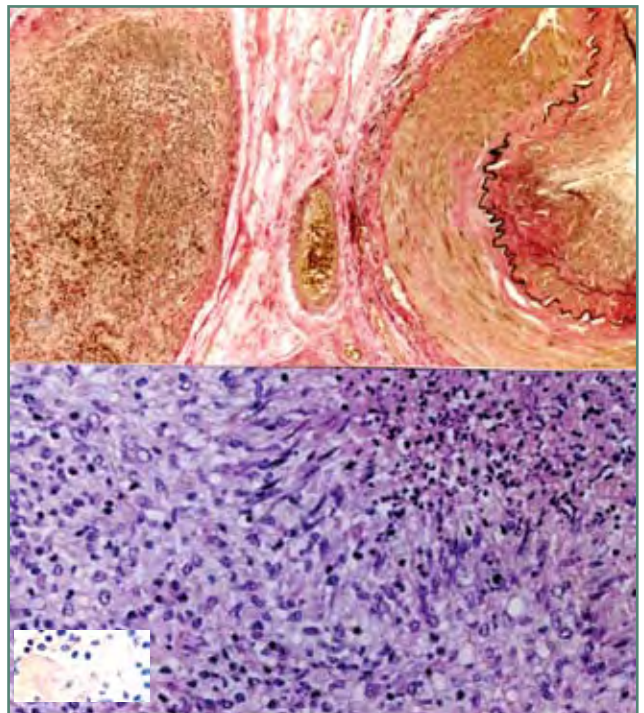


FIG. 1 e 2

The thorax CT scan has shown bilateral mediastine adenomegalies and one in the right axillae around 2 cm diameter, without any alterations in the pulmonary parenchyma. The histological test of a cervical lymph node has shown epithelioid granulomas with caseation necrosis and Langhans cells, but the BAAR staining was negative. The patient has developed hepatotoxicity with recurrent anti-tuberculosis therapy, limiting under optimal regimens. He was febrile with a need of red cells transfusions, being deceased on the 84th day after admittance with sepsis without a focus or defined agent. The sample culture of lymph node and a sample of sputum have identified *Mycobacterium tuberculosis* sensitive to all first line drugs. ■