

Venous Thromboembolism Associated with Disseminated Tuberculosis

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Introduction:

Pulmonary tuberculosis is considered a risk factor for Venous thromboembolism (VTE). The association of tuberculosis with VTE is rare. It is found in 0.6 to 10% of cases. We report two observations of deep vein thrombosis complicating disseminated tuberculosis with a negative thrombophilia assessment.

Clinical case 1:

A patient aged 40, with no previous history, presented with headache, cough, fever, and a deterioration in the general state. Physical examination revealed cervical lymphadenopathy and splenomegaly. Imaging revealed the presence of thoraco-abdominal lymphadenopathy, multinodular splenomegaly, and right ovarian vein thrombosis. Cerebro-medullary imaging revealed multiple cerebral and spinal cord tuberculomas.

The diagnosis of disseminated tuberculosis was based on the pathological examination of a lymph node biopsy. Anti-tuberculosis treatment was initiated. The assessment of acquired and constitutional thrombophilia was negative when it came to ovarian thrombosis. Curative anticoagulation such as Rivaroxaban was prescribed for three months with the disappearance of the thrombosis.



Figure1: Coupe transversale pelvienne montrant une thrombose de la veine ovarienne droite

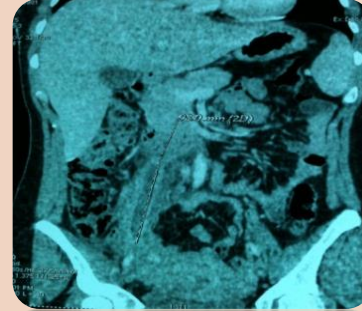


Figure2: Coupe frontale abdominale illustrant une thrombose de la veine ovarienne droite

Clinical case 2:

A patient aged 60 who underwent percutaneous coronary intervention, diabetic, hypertensive, presented with a productive cough, chest pain, and a deterioration in the general state. Exploration revealed the presence of multiple mediastinal and mesenteric lymphadenopathy as well as homogeneous hepatomegaly. The diagnosis of disseminated tuberculosis was based on the presence of an epithelioid and gigantocellular granuloma and caseous necrosis on the bronchial biopsy.

Anti-tuberculosis treatment was started. The evolution was marked by a recurrence of chest pain, desaturation, and findings of pulmonary hypertension of 65mmHg on cardiac ultrasound. Thoracic CT angiography revealed a distal pulmonary embolism. Curative anticoagulant treatment was initiated using Rivaroxaban for three months with good results.



Conclusion

VTE should be systematically sought in patients with tuberculosis given the risk of occurrence of this complication, particularly in widespread and severe forms. Thromboprophylaxis should be considered in these patients to prevent this potentially life-threatening risk.

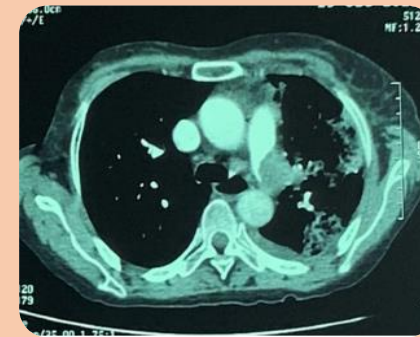


Figure3: Angioscanner thoracique montrant une embolie pulmonaire.

