


A rare but important cause of fever

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Dear Editor,

An 84-year-old woman presented to the author's hospital with acute onset of fever. Although her body temperature was 38.3°C, she had clear consciousness and stable blood pressure. Four months previously, she underwent surgery for acute aortic dissection. Unfortunately, she had been receiving oxygen therapy with nasal cannula at 2 L/min due to exacerbation of heart failure two weeks before presentation. She also had been taking prednisone for several months because of erythema elevatum diutinum, a rare chronic cutaneous leukocytoclastic vasculitis. Chest X-ray showed a reticulonodular pattern as well as pleural effusion (**Figure 1**). Chest computed tomography revealed widely distributed nodules of uniform size throughout both lung fields (**Figure 2**). The polymerase chain reaction of her sputum was positive for *Mycobacterium tuberculosis*. A diagnosis of miliary tuberculosis was made. She was referred to a specialized hospital for antituberculosis treatment; however, she died on the 7th day after transfer.

Miliary tuberculosis is due to hematogenous spread of tubercle bacilli [1]. In adults, it may be due to either recent infection or reactivation of old disseminated foci [1]. The lesions are usually yellowish granulomas 1-2 mm in diameter that resemble millet seeds; thus, the term miliary was coined by nineteenth-century pathologists [1]. Clinical manifestations are often nonspecific: fever, night sweats, anorexia, weakness, and weight loss are presenting symptoms in the majority of cases [1]. In addition, sputum smear microscopy is negative in 80% of cases [1].

Therefore, a high index of suspicion based on the characteristic radiographic pattern is required for the diagnosis of miliary tuberculosis [1].

Miliary tuberculosis can involve any organ in the body, including the liver, spleen, eyes, and brain [1]. It is amenable to cure with proper early treatment [1]. However, miliary tuberculosis is lethal if it goes unrecognized [1].



Figure 1. Chest X-ray showing a reticulonodular pattern and pleural effusion

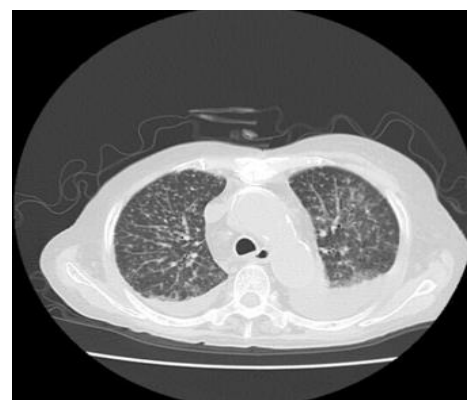


Figure 1. Chest computed tomography revealing widely distributed nodules of uniform size throughout both lung fields

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