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9/5/12

DUBOIN

Mr Issam N .. 22ANS m' a
consultée le **15/12/12** pour
« Pneumopathie fébrile »

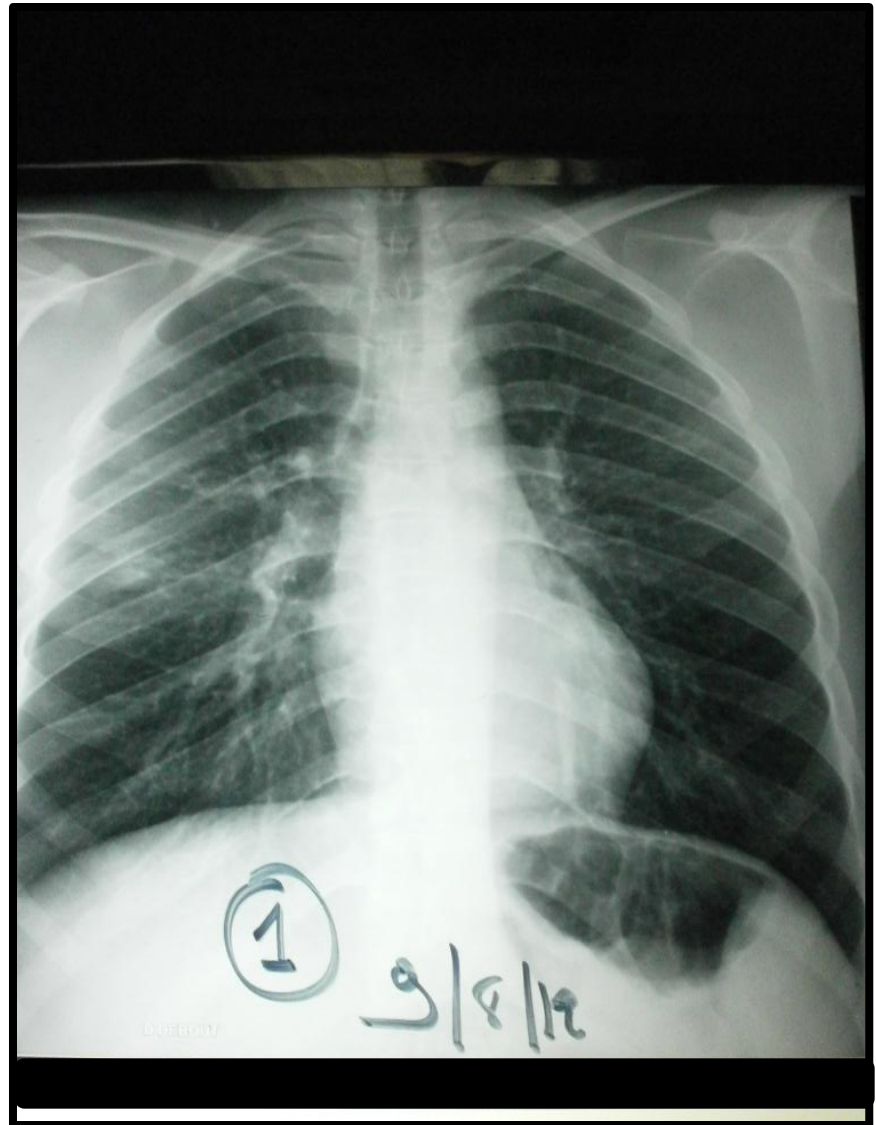
ANTECEDENTS ET TARES :

Maladie coéliquaue

Rhinite chronique et Hyperréactivité
bronchique suivie a ma consultation depuis
2002

HDLM :

Notion de fièvre il ya 3 mois ..+/- toux ..vu par
Gastro (Scanner abdomino-pélviens :Angiome
hépatique -**RX FACE :Petite condensation lobe
moyen**).. .. TOUX RECIDIVANTES .. +/-
TRANSPIRATIONS



Depuis 6 jours début aigue fébrile frisson .. SS AUGMENTIN

EXAMEN PHYSIQUE :

Pas d'adénopathies périphérique -MV
Symétrique.

TA:11/7 RC :80 /min .Sat: 98 % .P-.T° 38-
.Pd: 52 kg. -

EXAMENS RADIOLOGIQUES :

RX THORAX FACE7/12/12:Foyer hétérogène
para hilare droit ..ET DES NODULES DECLIVES

EXAMENS BIOLOGIQUES :

NFS: GB = 8500 10 3/mm³- HB=13,70
gr/l - PLAQUETTES =315000 103/mm³

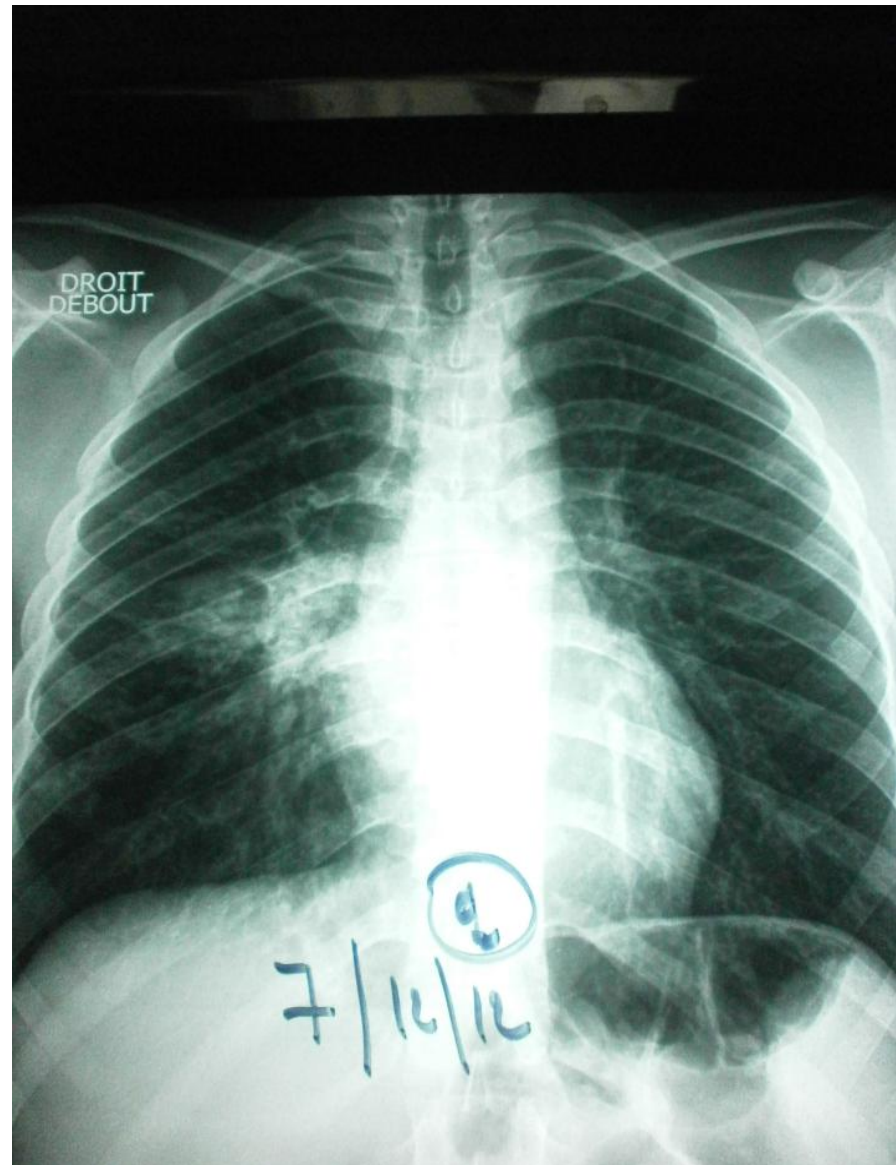
VS : 1^{er} H: 32 - 2^{ème} H:63

CREATININE:8

TRANSA : GOT = 21 GPT=16

CRACHAT :

Présence de BAAR +++



Susceptibility to tuberculosis in patients with coeliac disease

Williams AJ;Tubercle. 1988 Dec;69(4):267-74

- **Abstract**

- An increased prevalence of past tuberculosis is reported in an adult coeliac population. Of 76 adult coeliac disease patients, 6 had had a history of tuberculosis. This compared with the finding of no cases in a population of 81 patients with non-inflammatory bowel diseases, ($p = 0.023$), which was matched for age, sex, smoking, ethnic origin and social class. The 'expected' number of cases of tuberculosis amongst ACD patients has also been calculated based on local annual notification rates; this was 2.9. Radiological evidence of past tuberculosis was found in 13 (17%) ACD patients, compared with 4 (5%) control patients (p less than 0.05). It is postulated that the increased prevalence of past tuberculosis in ACD patients is the result of depressed cell mediated immunity and/or malnutrition.