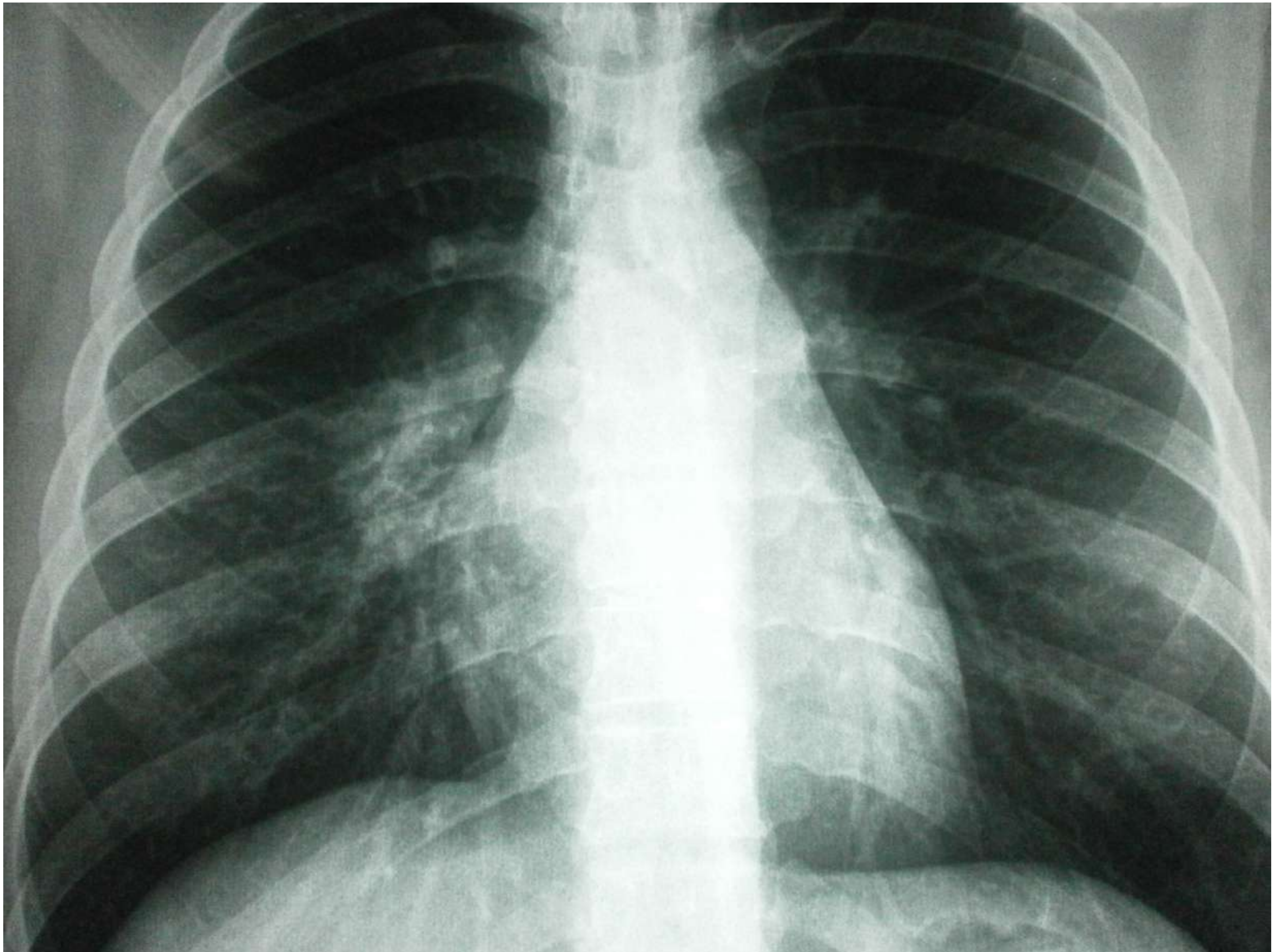


Mlle IBTISAM M ..30 ANS M'
CONSULTE LE 15/03/2012
POUR « TOUX SPASMODIQUE »

HDLM :

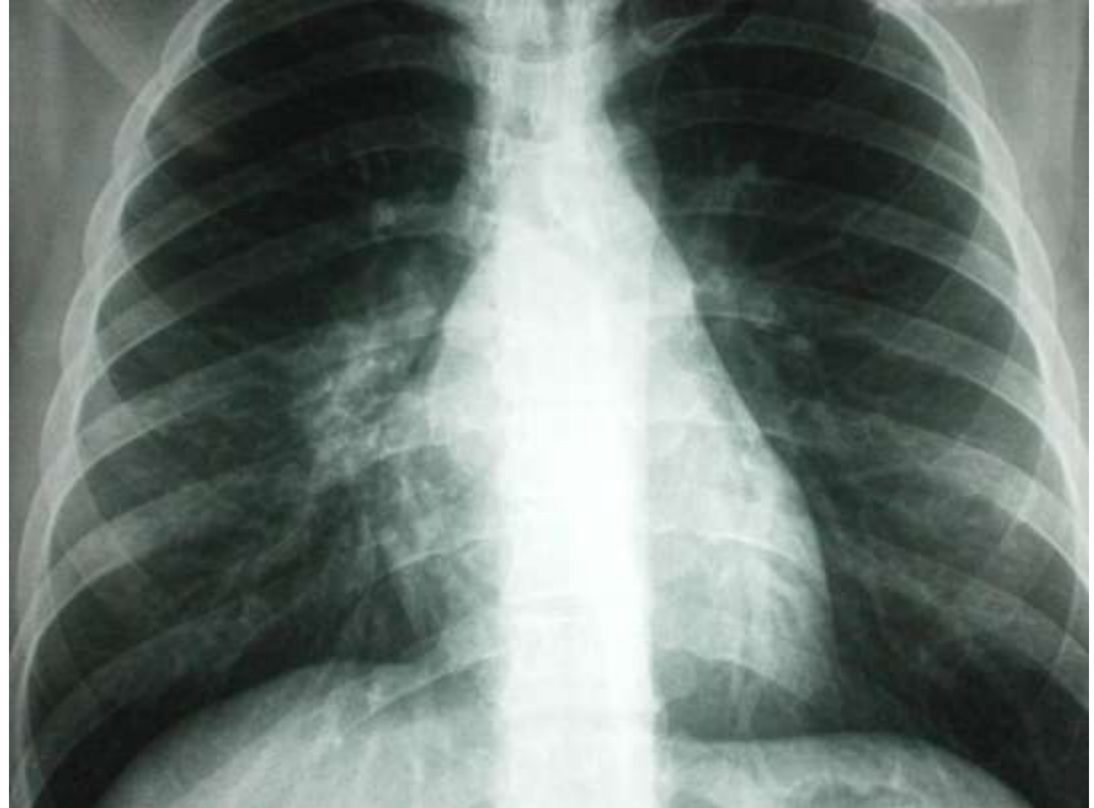
Depuis 2 MOIS : TOUX SPASMODIQUE
SIFFLEMENT PARFOIS LA
REVEILLANT....OPRESSIONS.. RHINITE-

EXAMEN PHYSIQUE :

Pas de sibilances . Pas d'adénopathies périferiques.

TA:12/7. RC :80/min.Sat: 98 %. T° 37.Pd:62 kg

RX THORAX FACE: Gros hile droit



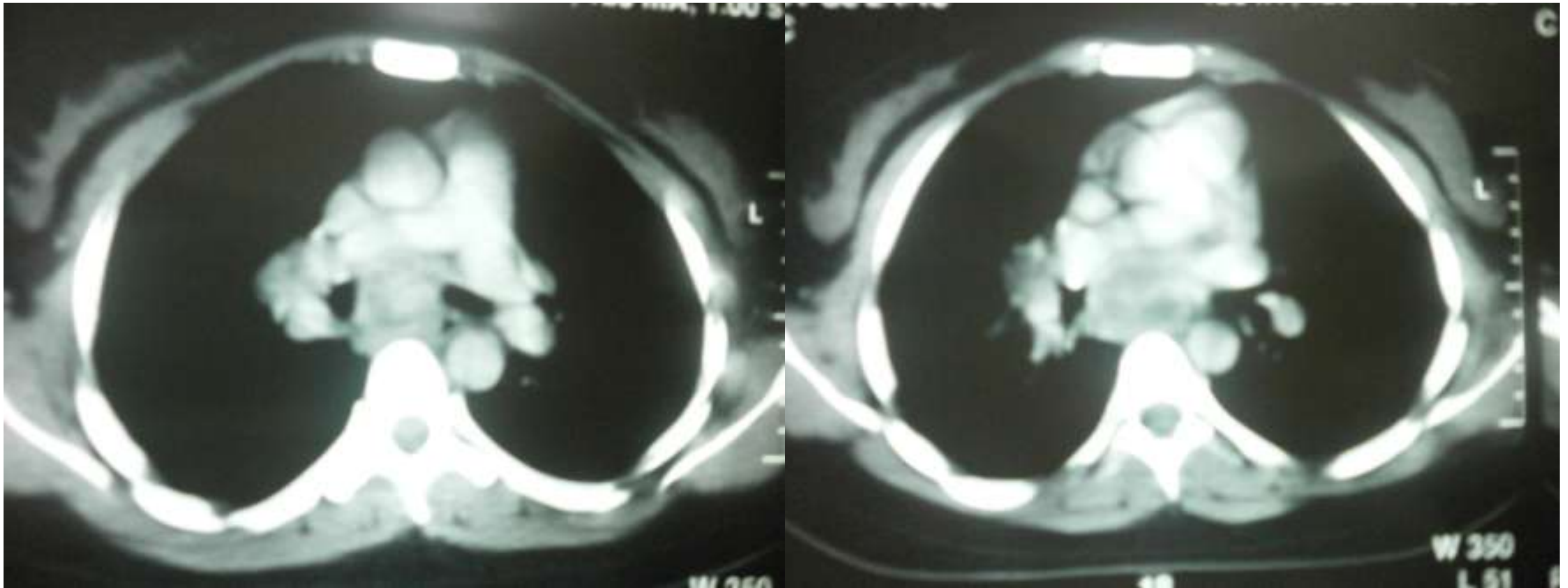
EXAMENS BIOLOGIQUES :

NFS: GB =8300 10 3/mm3- HB= 9,40 gr/l
- PLAQUETTES = 400000 103/mm3
VS : 1ér H: 73 2ére H:104

IDR : 16mm

CRACHAT :ABSENCE DE BAAR

Scanner thoracique: Adénopathies médiastinales multiples-(Subcarinaire-hilaire-)-Nécrotique



FIBROSCOPIE BRONCHIQUE :

A droite Néoformation blanchâtre (Nécrotique)Faisant saillit dans la lumière bronchique aux nivaux de la bronche souche et de la pyramide basale -épaississement des éperons-

ANAPATH :Tuberculose bronchique

Bronchial tuberculosis. Radiologic endoscopic and clinical aspects

Delclaux B ;Rev Pneumol Clin. 1990;46(3):103-8

- **Abstract**
- Nowadays, bronchial tuberculosis is an uncommon, although probably underestimated, form of tuberculosis. The records of 23 patients hospitalized between 1978 and 1989 were reviewed retrospectively. Mean age was 57 years (range: 22 to 84 years). Only one female patient of african origin was a recent immigrant. The disease was **pseudo-tumoral** in 2 cases and included lymph node fistulae in 4 cases. M. tuberculosis was found at microscopic examination in only 10 patients. The course of the disease was slow and sometimes erratic, even under a well-conducted medical treatment. In one of the female patients, a lymph node fistula appeared after 6 months of chemotherapy, and it is clear that medical treatment must be pursued well beyond the conventional time limits. Several mechanisms are responsible for bronchial tuberculosis: either invasion of the neighbouring bronchi by pulmonary tuberculosis; or lymph node fistula now more frequently due to reactivation of old lesions than to a recent primary infection; or again primary bronchial lesions mimicking bronchial carcinoma

Conclusion

- La tuberculose bronchique est connue pour donner de formes pseudo tumorale
- Nous décrivons une forme pseudo asthmatique
- Faux asthme lié à une compression et remaniements bronchique par des adénopathies tuberculeuses chez une jeune femme connue pour une rhinite allergique ,qui toussait et chez qui la radiographie thoracique était peu parlante)