

Abstract

Tuberculosis (TB) and human immunodeficiency virus/ acquired immunodeficiency syndrome (HIV/AIDS) is a major health burden worldwide. Miliary tuberculosis (MTB) is rare form of disseminated TB which carries higher mortality rates. Patients with HIV/AIDS are particularly vulnerable for MTB.

We report such a rare case of MTB in a 52 years old female presented with high grade fever and constitutional symptoms for 3 weeks. Even though she did not have any respiratory or abdominal complaints contrast enhanced computed tomography (CECT) showed miliary lesions in lungs and spleen. Her sputum investigations and Mantoux test were negative for TB. Subsequently she was diagnosed to have HIV/AIDS. She developed severe drug induced hepatitis during anti TB treatments (ATT). However, combined ATT and anti- retroviral treatment resulted in good recovery.

MTB is often under diagnosed due to nonspecific clinical features and lack of investigation findings to support tuberculosis; especially with HIV coinfection. MTB is a treatable disease. Hence timely, accurate diagnosis is mandatory.