

Abstract

T-cell lymphoblastic leukemia characterized by infiltration of immature T cells mainly in the mediastinum and other lymphoid organs. Here we're presenting case of forty-five years old female she was presented with tuberculosis pleural effusion but non responded to treatment and later found to have a T-Cell ALL. Forty-five years old female presented with fever for three weeks with left sided pleural effusion. She was diagnosed to have tuberculous pleural effusion based on positive Mantoux test (12mm induration), lymphocytic exudative pleural effusion and High ADA (80U/L). She started on anti-tuberculosis treatment but non responded so she has undergone CECT chest and abdomen which showed pleural and pericardial effusion with mediastinal lymphadenopathy. She was further evaluated with blood picture and bone marrow biopsy which revealed T-cell lymphoblastic leukemia. T-cell lymphoblastic leukemia can present like tuberculosis. Co Infection with tuberculosis is very difficult to distinguish. If the tuberculous pleural effusion does not respond to treatment, it's important to rule out underlying malignancies and other immunosuppressive conditions.