

Abstract:

Tuberculosis is an infection caused by Mycobacterium complex of bacteria. It infects only humans and transmits by inhalation of infectious respiratory droplets produced by a person with pulmonary tuberculosis. It can present with a broad spectrum of symptoms and signs, involving any organ system of the body [1].

Xanthogranulomatous lymphadenitis, on the other hand, is the chronic inflammation of lymph nodes characterized by marked proliferative fibrosis following inflammation. It is characterized by the presence of macrophages and foamy histiocytes [2].

We describe a rare case of Tuberculosis presenting as bilateral chylothorax, where recurrent pleural effusions complicated the diagnosis and prognosis of the patient. 29-year-old Sri Lankan male, who had recently returned from living in Qatar, presenting with a one-month history of low-grade fever, productive cough, chest pain, shortness of breath, weight loss, and lymphadenopathy. Initially, the clinical picture pointed toward pulmonary tuberculosis, but the subsequent diagnostic workup revealed a multifaceted and rare set of findings. This case report aims to elucidate the intricate diagnostic journey, which ultimately led to the identification of Mycobacterium tuberculosis with concurrent xanthogranulomatous lymphadenitis, emphasizing the importance of considering alternative diagnoses in complex clinical presentations.