Abstract

Clinical and radiological presentations of tuberculosis are heterogeneous, and differential diagnosis can include both benign and malignant diseases (1). We present a case in a young Sri Lankan female presented with symptoms of dry cough, with pyrexia of unknown origin, bilateral bullous lesions over the shin with healed necrotic scars and loss of appetite, having cavitating lesions in both lungs on CXR and HRCT. Granulomatosis with polyangitis was suspected, and patient was investigated further. In Broncho alveolar lavage <u>Mycobacterium Tuberculosis</u> was isolated. Pulmonary tuberculosis was diagnosed and patient was treated with anti-tuberculosis drugs. Patient completely recovered with six month course of ATT.