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Title: Delayed Recognition of Pulmonary Tuberculosis After Initial Manifestation as Granulomatous Orchitis

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Abstract:

Genital tuberculosis (TB) is an uncommon form of extrapulmonary TB and testicular involvement only accounts for 3% of it. Testicular TB presents with a painful or painless scrotal mass and it is often mistaken for other common conditions such as malignancy and orchitis. Due to the indolence and absence of classic systemic symptoms, the diagnosis of TB often gets delayed. Here, we present a case of a 79-year-old Guatemalan male with heart failure and coronary artery disease who reported two weeks of left-sided chest pain and dyspnea along with unintentional weight loss and night sweat. Physical exam was notable for diffuse crackles. Chest radiograph found increased bilateral reticulonodular opacities compared to prior imaging. Computed tomography of the chest showed diffuse tree-in-bud and patchy nodular opacities with mediastinal lymphadenopathy and scattered calcified granulomas. Further history revealed that the patient had a painless testicular mass nine months ago, which evolved to an abscess requiring treatment with levofloxacin two times. A subsequent orchiectomy was performed, which revealed necrotizing and non-necrotizing granulomas on pathology highly suspicious for TB. Acid-fast bacilli (AFB) stain was negative, and cultures were not sent. During the current admission, early morning induced sputum was obtained. It was positive for AFB stain and the sputum culture later grew *Mycobacterium tuberculosis*. The patient's respiratory complaints along with worsening radiographic findings and a history of granulomatous orchitis finally led to the diagnosis of pulmonary TB.

Reference

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