Man, 28 years old, mild fever and hemoptoïc sputum. HIV negative Repeted AFB negative in sputum.
The aspect and localisation of this retroclavicular infiltrate is highly indicative of TB with negative microscopy (the culture are positive in this case)
Man, worsening condition and cough. HIV negative

Case N°2

AFB positive in sputum: **Tuberculosis**

CXR: Typical TB aspect with non homogenous excavated upper lobe picture, with controlateral associated nodules. The right lesions begin to be retractile, suggesting a sub acute evolution. The association of 2 type of lesions (right infiltrate, and nodules in the left upper lobe) is highly indicative of TB
Case N2

Scan view of the previous case. Notice the cavity well visible on the scan (not on CXR). When cavity exists AFB are usually+ in sputum
Cough and hemoptysis. Worsening condition and weight loss. HIV neg.

Case №3

Courtesy Dr Van Den Homberg Tanzania
1° Cavited opacity of the right superior lobe which is non homogenous, not retractile, systematised (inferior edge limited by the small fissura), : cavited pneumonia of the right superior lobe.

2° It is associated with nodular pictures in the inferior lobe and on the left side (red arrow). Bacterial pneumonia is possible but the most probable diagnosis is TB pneumonia, because of bilaterality, with lesions of different seniority. In case of TB the diagnosis will be confirmed by AFB in sputum, because with such a big cavity, the bacilli are very numerous and must be found in sputum.
Woman, 27 years old, mild fever and asthenia. TB in the household. AFB negative in sputum.

CXR: infiltrate in the upper right lobe in the retro clavicular area: **Tuberculosis** of the upper lobe with negative microscopy.
Magnified view of the previous case. If hesitation, compare right and left side and ask for an antero posterior hyper lordotic position. This special incidence put the cavicles out of pulmonary area.
Case N°4

After Tb treatment
Man, worsening condition non productive cough and fever.
Chest X-ray technically not perfect: no details visible behind the cardiac shadow: under-penetration

Alveolar and nodular opacities of the right superior lobe. Possible cavity in the infiltrate of the retroclavicular area. Small infiltrate of the left upper lobe. These bilateral pictures are indicative of TB.
Dyspnea and anterior thoracic pain. No respiratory sounds on the left side.
Left pleural effusion. Notice the « pushing back » of the mediastinum. Probable left hilar and mediastinal adenopathies. Notice that aortic arch and descending aorta are not visible (contact with adenopathies?). Bilateral diffuse nodules visible in the lung fields. Probable TB. HIV context possible.

One must also consider the diagnosis of carcinomatous miliary with neoplastic pleural and pericardic effusion. Clinical context is essential for differential diagnosis.
Male HIV context, dyspnea with progressive onset and right thoracic paint. Cough with AFB negative in sputum.

Courtesy Dr Van Den Homberg Tanzania
Right inferior opacity with retraction. (attraction of the mediastinum). The superior edge of the opacity is not well limited. It is difficult to choose between an alveolar opacity or a pleural encysted opacity, or the association of the two. Lateral view would be useful for the diagnosis.

On the right apex we can see an infiltrate with localised pleural thickness. Notice a small left contralateral pleural effusion. The association of all these lesions with different seniority strongly suggests TB.
Woman, 26 years old, cough and fever. Husband treated for TB 2 years ago. AFB negative in sputum.
Chest X ray: nodules and infiltrate in the superior left lobe. The most probable diagnosis is TB infiltrate with negative microscopy. (positive culture)
Young man, 24 years old. Living with a friend who has been treated for TB. Slight fever and cough. No AFB in sputum.

Chest X ray: few nodules in the right axillary area: probable tuberculous infiltrate
Woman, 34 years old, cough, dyspnea and right thoracic pain.

Chest X ray: right pleural effusion, and right retro and sub clavicular infiltrate. **Tuberculosis** with AFB positive in sputum.
Man, 48 years old. Slight fever and hemoptoïc sputum one time. Good health condition. Past history of TB in his family a long time ago when he was adolescent. Sputum neg. for AFB
Chest X ray, notice the asymmetry of the supra clavicular area: **left retroclavicular infiltrat, suggesting TB infiltrate** (AFB negative).

A chest X ray in antero posterior incidence with elevated arms could be useful to see this opacity which, in normal incidence is not well visible because superposition with the right clavicle.

You have no CT scan, so for interpretation of retro clavicle area, compare right and left and if necessary ask for CXR in antero posterior incidence with elevated arms.
Man, cough and weight loss. Hemoptoïc sputum. HIV neg.
Case N°12

Chest X ray: left and right superior infiltrate, superior left lobe pneumonia (lingula segment), and small right pleural effusion. Notice also filling of left aorto pulmoary window, indicative of adenopathy. This association is highly indicative of TB. AFB negative in sputum, but positive AFB in bronchial aspiration. **TB pneumonia**
HIV neg. Cough and fever AFB negative in sputum. Tuberculin skin test positive 18mm. Sister treated for TB
Probable left TB infiltrate with negative microscopy
Man, poor social condition, weight loss and denutrition. HIV negative. Cough and hemoptoïc sputum.

Case N°14

Chest X ray: alveolar picture and infiltrate of the 2 upper lobes: Tuberculosis of the 2 upper lobes.
Man, cough and hemoptisy. Past history of TB treatment more than 10 years ago, but do not know duration and type of treatment. Repeated AFB negative in sputum.
Scan view of the previous case: Tb sequella diagnosis is confirmed with typical aspect of fibrosis with bronchiectasis. This kind of sequellae can produce severe hemoptisy, without any recurrence of TB infection.
Young man, 24 years old. Living with a friend who has been treated for TB. Slight fever and cough. No AFB in sputum.
CXR: Typical **TB infiltrate** of the right axillary area. In such Tb lesions with no cavities, there is no AFB in sputum, because not many bacilli in the Tb nodular lesions. Nevertheless, without TB treatment, there is a very high risk of developing severe TB lesions in the future.
Case N°16

Previous case before treatment (left cxr) and after TB treatment (right cxr): very few sequellae
2004: man, 50 years old, fever and weight loss, chronic cough and repeated hemoptoïc sputum. AFB positive.
Case N°17


December 2006. Same patient 2 years after he end of TB treatment: few nodular sequella
Case N°17

Same patient April 2009 calcified and fibrotic tb sequellae
Man, exercise dyspnea and cough. Past history of smoking, and TB treatment more than 15 years ago. AFB negative in sputum
Case N°18

CRX: linear retractile and fibrotic picture in the upper lobe, with ascension of the left hilus. **TB sequella.** Notice the thoracic distension, suggesting associated **emphysema**, probably in relation with tobacco use.
Fever and cough. AFB negative in sputum

TB infiltrate in the right retro clavicular area. Smear negative but culture positive
Case N°19

11/09/2007

17/06/2008 after TB treatment
Scan view of the previous case
Man, 26 years old, cough and worsening condition.
On the left side CXR 2 years before symptoms
On the right side CXR at the beginning of symptoms
Alveolar picture overlapping the right hilus probably in the middle lobe. Notice the enlargement of the mediastinum (red arrow), which is evident if we compare the left CXR with the right one. Notice also nodular picture above the alveolar picture (yellow arrow). The association of this alveolar picture with mediastinum adenopathy and nodular pictures must evoke TB. AFB positive in sputum.
Scan view of the previous case. Notice alveolar picture, nodular pictures and adenopathies (red arrows)
Endoscopic view of the previous case: bronchial TB with typical tuberculous granuloma on the biopsy specimen. AFB positive in sputum and bronchial aspiration.
Man, 62 years old. Asthenia and worsening condition. Past history of smoking. Hemoptoïc sputum

Bulky mass with no cavitation, no associated nodules. This picture cannot be TB because no cavitation and no associated lesion as nodules or infiltrate. **Bronchial cancer**
Man 56 years old, asthenia cough and weight loss. AFB neg. Past history of smoking.

Case N°22

Upper right bulky mass, with no cavitation (fase picture of cavitation due to rib superposition). TB is very improbable: no cavitation and no associated nodules or infiltrate. **Bronchial cancer**
Case N°22

Scan view of the previous case.
Confirmation of no cavitation in the upper right lobe mass