

Clinica-Medical Image

Multiple Pulmonary Sous-Pleural Tuberculous Abscess Treated Surgically

Ben Jmaà Hèla¹, Dammak Aiman¹, Ben Jmaà Tarak², Mhiri Fatma¹, Elleuch Nizar¹, Masmoudi Sayda¹, Ben Jmaà Mounir² and Frikha Imed¹

¹Department of Cardiovascular and Thoracic Surgery, Habib Bourguiba Hospital Sfax, Tunisia

²Department of Infectious Diseases Hedi Chaker Hospital Sfax Tunisia



Figure 1: Bilateral pneumothorax with left liquid pleural effusion.

Figure 2: Bilateral and multiple sous-pleural abscesses.

Figure 3: CT scan revealed bilateral multiple sous-pleural abscesses.

*Corresponding author: Ben Jmaà Hèla, Department of Cardiovascular and Thoracic Surgery, Habib Bourguiba Hospital Sfax, Tunisia, E-mail: helabenjmaa2015@gmail.com

Citation: Hèla BJ, Aiman D, Tarak BJ, Fatma M, Nizar E, et al. (2019) Multiple Pulmonary Sous-Pleural Tuberculous Abscess Treated Surgically. *Int J Clin Med Imaging* 6: 645. doi:10.4172/2376-0249.1000645

Copyright: © 2019 Hèla BJ, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Clinical Image

Tuberculosis is an infectious disease that can involve any organ or tissue in the body. The most frequent location of tuberculosis is pulmonary. Multiple peripheral pulmonary abscesses are a rare entity of tuberculosis. An old man, with past medical history of smoking, who suffered from dyspnea and fever since 15 hours. Chest radiography revealed a bilateral pneumothorax, with liquid pleural effusion in the left pleura space (Figure 1). So, chest drain was performed in the two pleural spaces, and the patient received anti biotherapy during 15 days. Bacteriologic examination with BK analyses in the pleural liquid was negative. The patient persisted with fever and biologic inflammatory syndrome. CT scan revealed bilateral multiple sous-pleural abscesses (Figures 2 and 3). The patient underwent surgery of pulmonary decortication with drainage of these abscesses. Histologic examination of the operative specimen confirmed the presence of tuberculous granuloma with cause's necrosis. The patient received anti-tuberculosis quadri-therapy.