



A tuberculous pleurisy due to $\text{tnf-}\alpha$ blocker therapy in a patient with isoniazid prophylaxis

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Case Report

A Tuberculous Pleurisy Due to TNF- α Blocker Therapy in a Patient with Isoniazid Prophylaxis

Currently approved indications for the treatment of anti-TNF- α antibodies are increasing. One of the side effects of this treatment is reactivation of the latent tuberculosis. A 49-year-old female patient presented with pleuritic chest pain and dyspnea. She had been receiving TNF-alpha (infliximab) for five years due to an ankylosing spondylitis. The patient received isoniazid prophylaxis for nine months because the PPD test was 11 mm five years ago. The pleural effusion was detected on the

patient's chest radiograph. Results of thoracentesis performed to the patient were as follow: Albumin: 3 g/dL, total protein: 5.2 g/dL, glucose 120 mg/dL, Acid Resistant Bacteria: Negative, Adenosine Deaminase (ADA): 125 U/l (normal value 0-40). ADA value was high in pleural effusion. Tuberculosis treatment was initiated, and there was a decrease in pleurisy after treatment. The patient was diagnosed with tuberculous pleurisy under the treatment with TNF- α blocker therapy. It should be noted that tuberculosis reactivation may occur in patients who receive isoniazid prophylaxis and this reactivation can manifest itself only pleural effusion.



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Figures

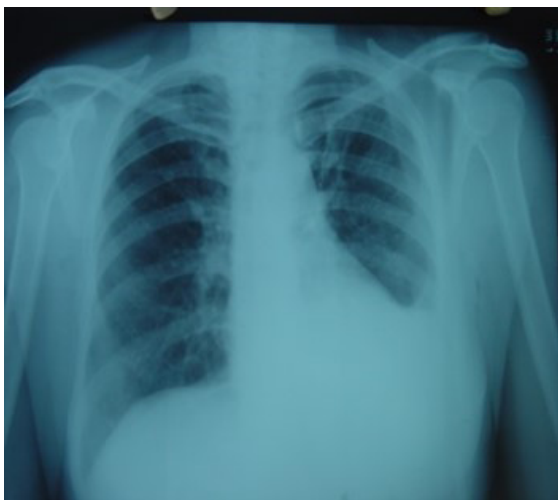


Figure 1: Pleural effusion on chest x-ray.



Figure 3: The control chest x-ray of patient (full regression of pleural effusion).

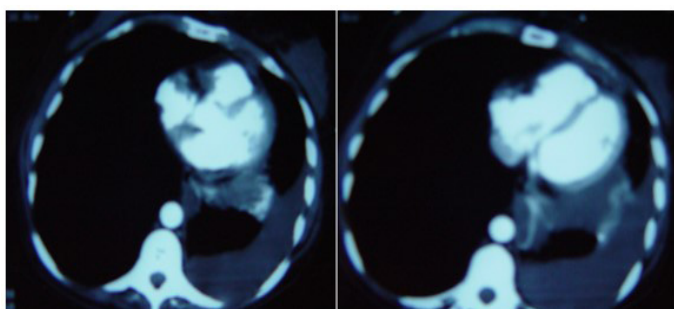


Figure 2a-b: Thorax tomography showed pleural effusion on left lung. The patient was started on antituberculosis treatment. In the second month of the treatment, control chest radiography and thorax tomography were performed.

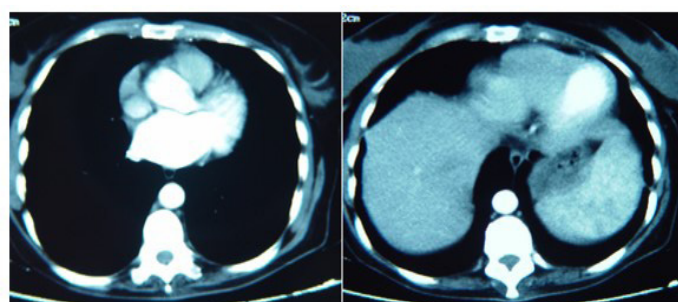


Figure 4a-b : The control thorax tomography of patient (full regression of pleural effusion). In conclusion, clinicians should be cautious about the increased risk of tuberculosis and other opportunistic infections with the use of the TNF- α antagonist.