

Tuberculosis

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Editor's note: Dr. Pate was assisted by John Forrest, MD, radiology professor at UC San Diego, in writing this article.

Tuberculosis (TB) is increasing to epidemic proportions in many major cities of the U.S. and Europe, particularly in AIDS patients. Although we do not treat this condition, it is critical to refer the patient for proper care if we suspect TB. Patients with cavitary TB are contagious and can infect anyone they are near. One of my colleagues was exposed to a patient with TB. He was the first to suspect the condition and referred the patient for treatment, unfortunately he and one of his staff were infected and needed treatment.

We may discover TB on spine films when the infection has caused a paraspinal abscess or destruction of an intervertebral disc. This is the TB we remember from our school days, but it is rather uncommon. The more common form of the disease is seen on a chest film or a poorly collimated thoracic spine film.

Radiographic appearances of pulmonary TB will differ depending on whether it is primary or secondary infection. Primary infection appears as enlarged hilar or mediastinal lymph nodes, often with associated pleural effusion and/or infiltrate. The hallmark is enlarged lymph nodes which help distinguish it from pneumonia. These patients often will have few symptoms. Secondary (re-infection or post primary) disease generally involves the apical region of the lungs, often bilateral, with cavitation, scarring and nodules. Calcification, volume loss and dense scarring are seen in burnt out cases.

Early detection of TB may save the patient a debilitating, permanently damaging illness. It will also prevent spread of this serious disease to others. The astute chiropractor can be invaluable in detecting the disease before these serious sequelae.

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