



## A case of acute tuberculous pneumonia in a patient with asthma

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A 49-year-old Japanese man with bronchial asthma was admitted to hospital because of acute lobar pneumonia. A diagnosis of acute tuberculous pneumonia was made based on the pathologic findings of lung biopsy specimens and bacteriologic examination. For the 5 years before the onset of pneumonia, the patient had been treated with inhaled beclomethasone dipropionate (600  $\mu$ g/day) and was well controlled. Laboratory findings revealed no immunosuppressive conditions, nor had the patient used oral corticosteroids for the treatment of his asthma. A tuberculin skin test had been negative approximately 30 years ago and annual chest X-ray examination had shown no evidence of tuberculosis over the past 5 years. Fiberoptic broncoscopic examination showed no evidence of bronchial tuberculosis or perforated lymph nodes. Because acute tuberculous lobar pneumonia in the lower lung field is rare, except in patients receiving oral corticosteroids or with immunodeficiency conditions, in this patient the inhalation of corticosteroids may have predisposed him to the onset of this condition.

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