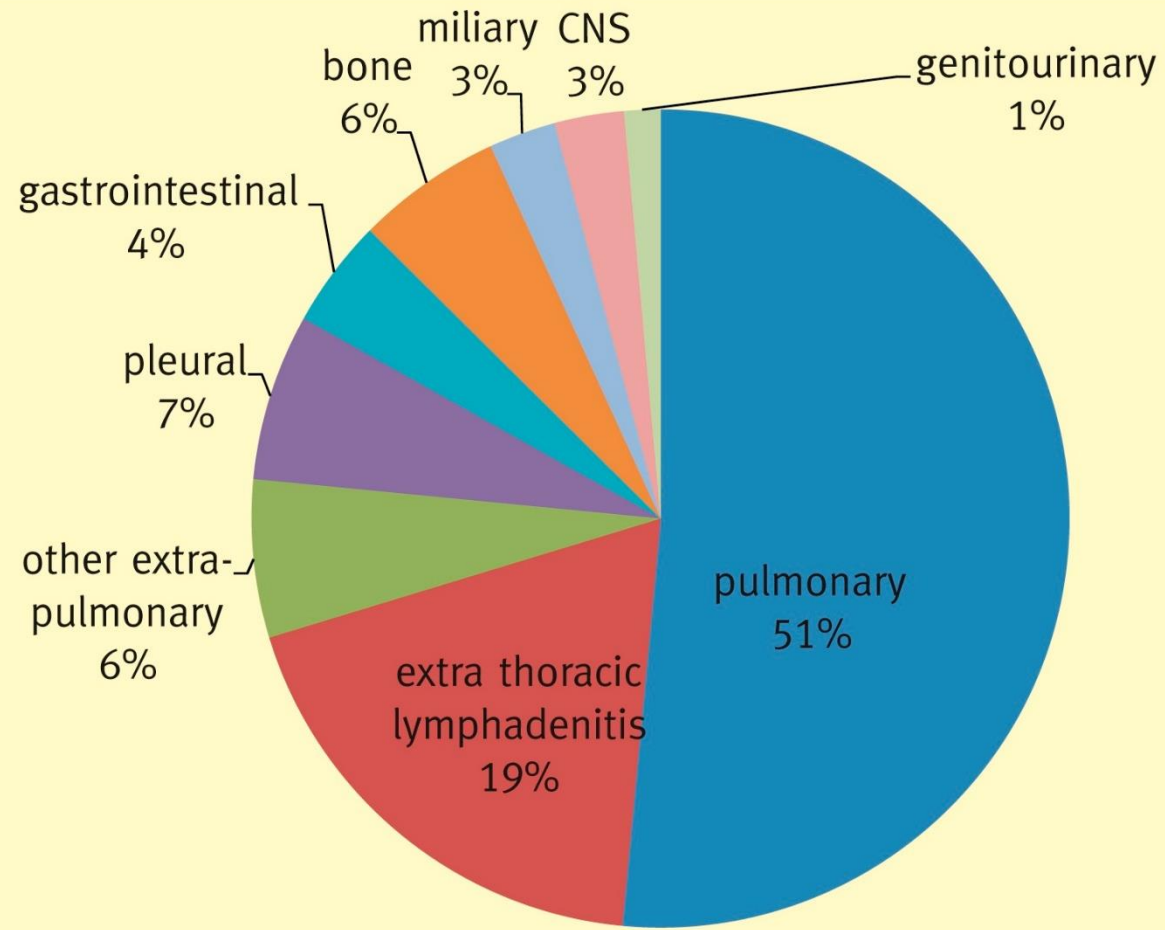
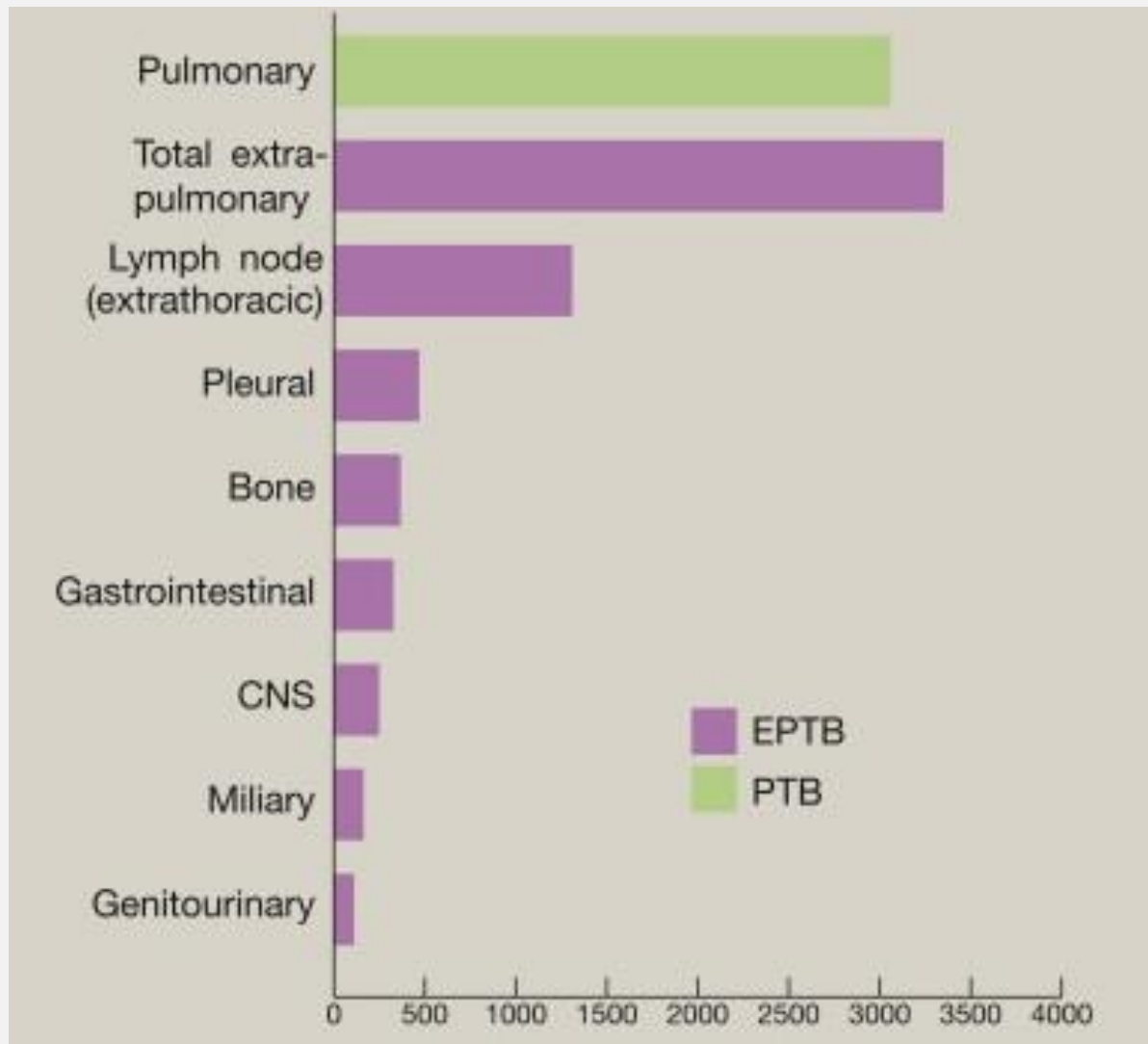


# EXTRAPULMONARY TUBERCULOSIS

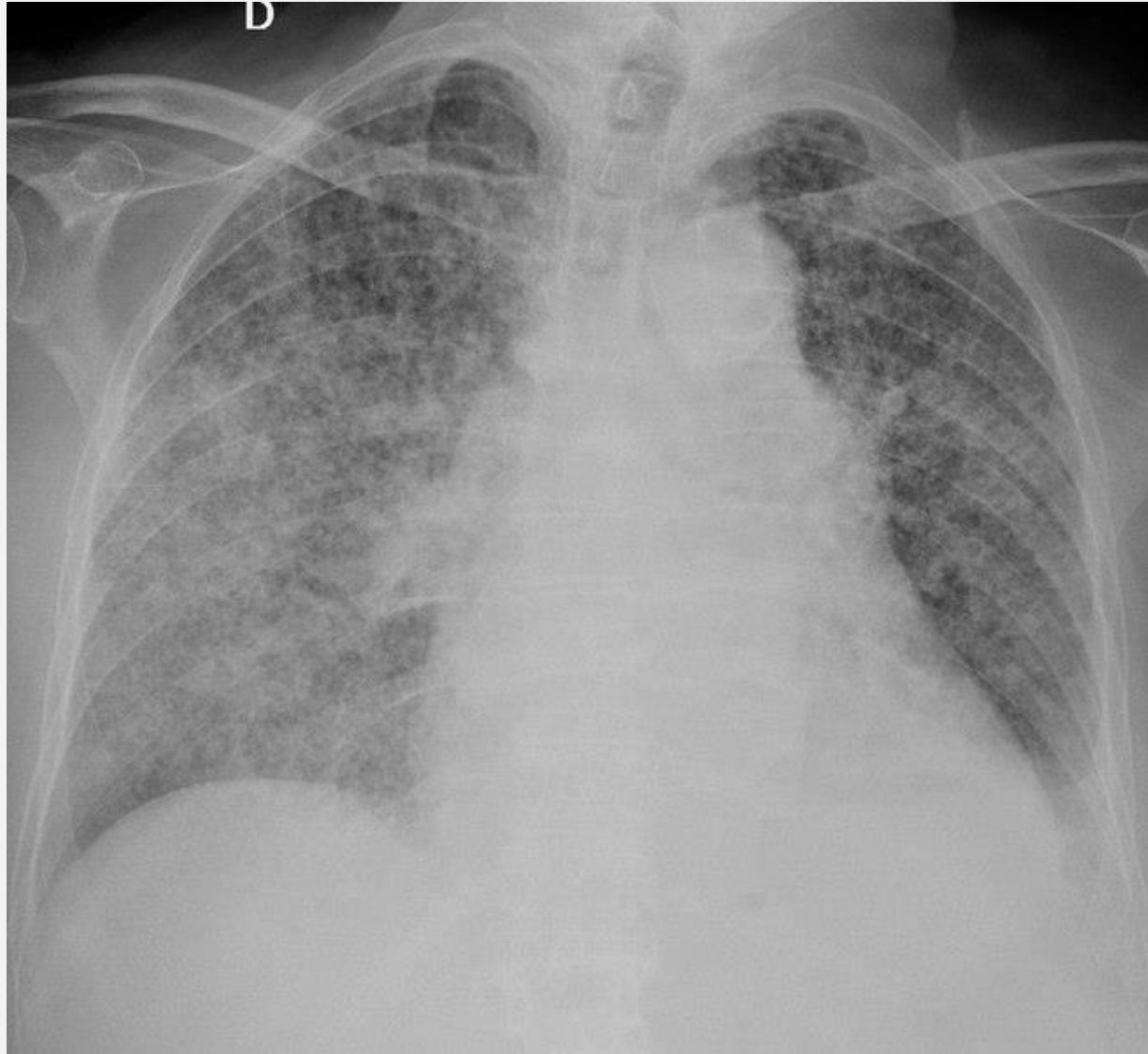
Dr Shahriar Alian

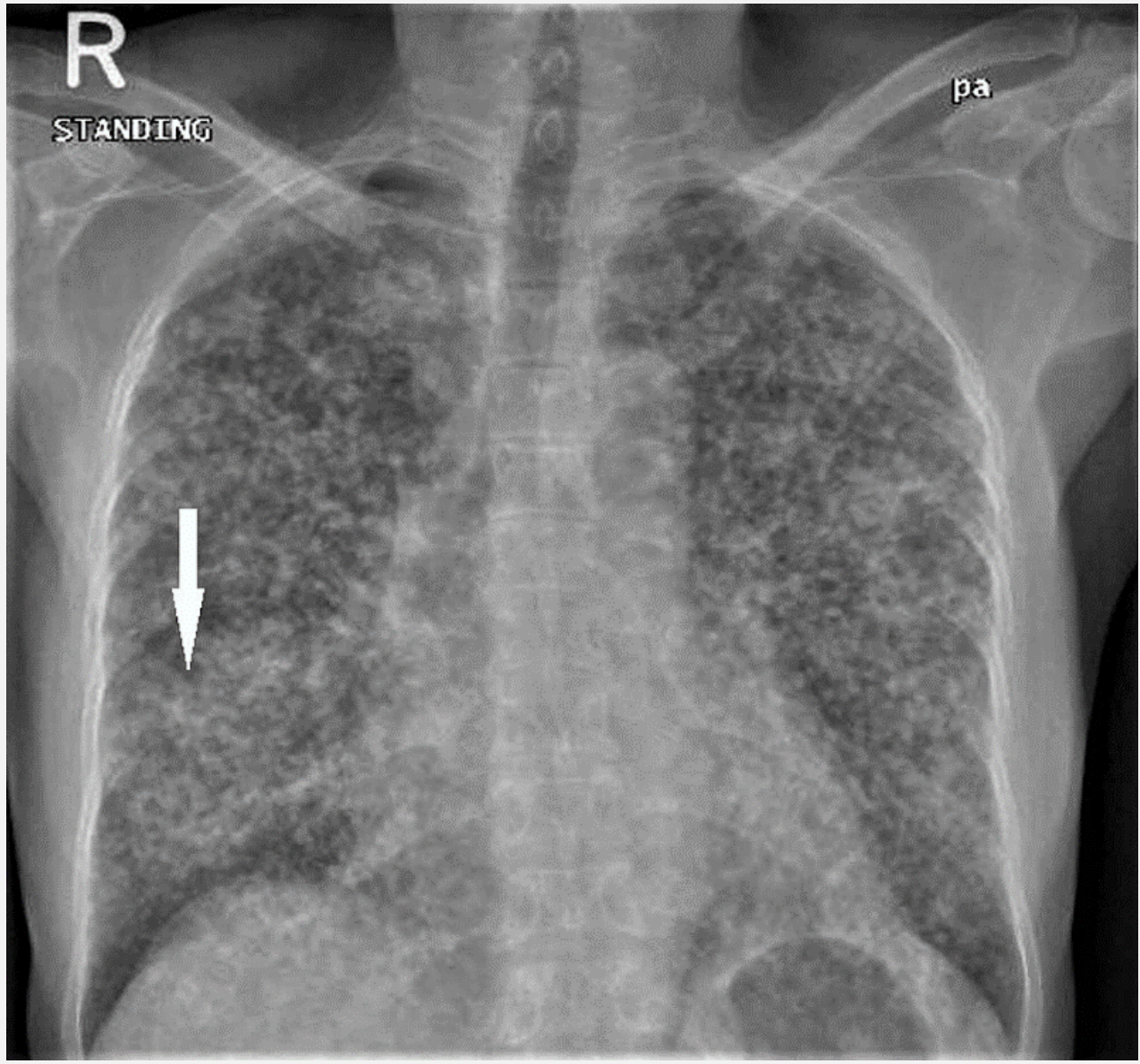


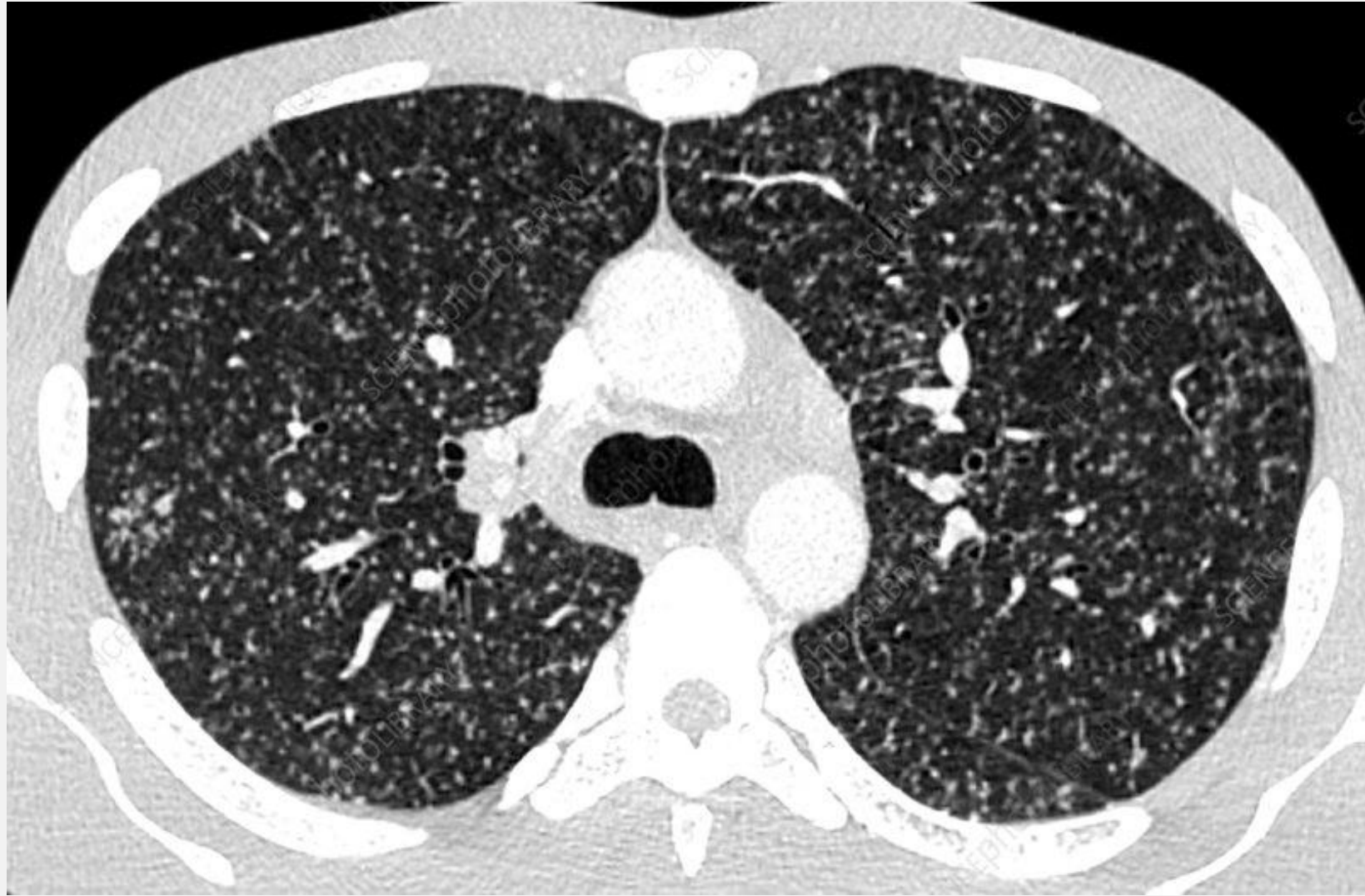


# MILIARY TUBERCULOSIS

- Usual (Acute) Miliary Tuberculosis**
- Cryptic Miliary Tuberculosis and Late Generalized (Chronic Hematogenous) Tuberculosis**
- Nonreactive Tuberculosis**









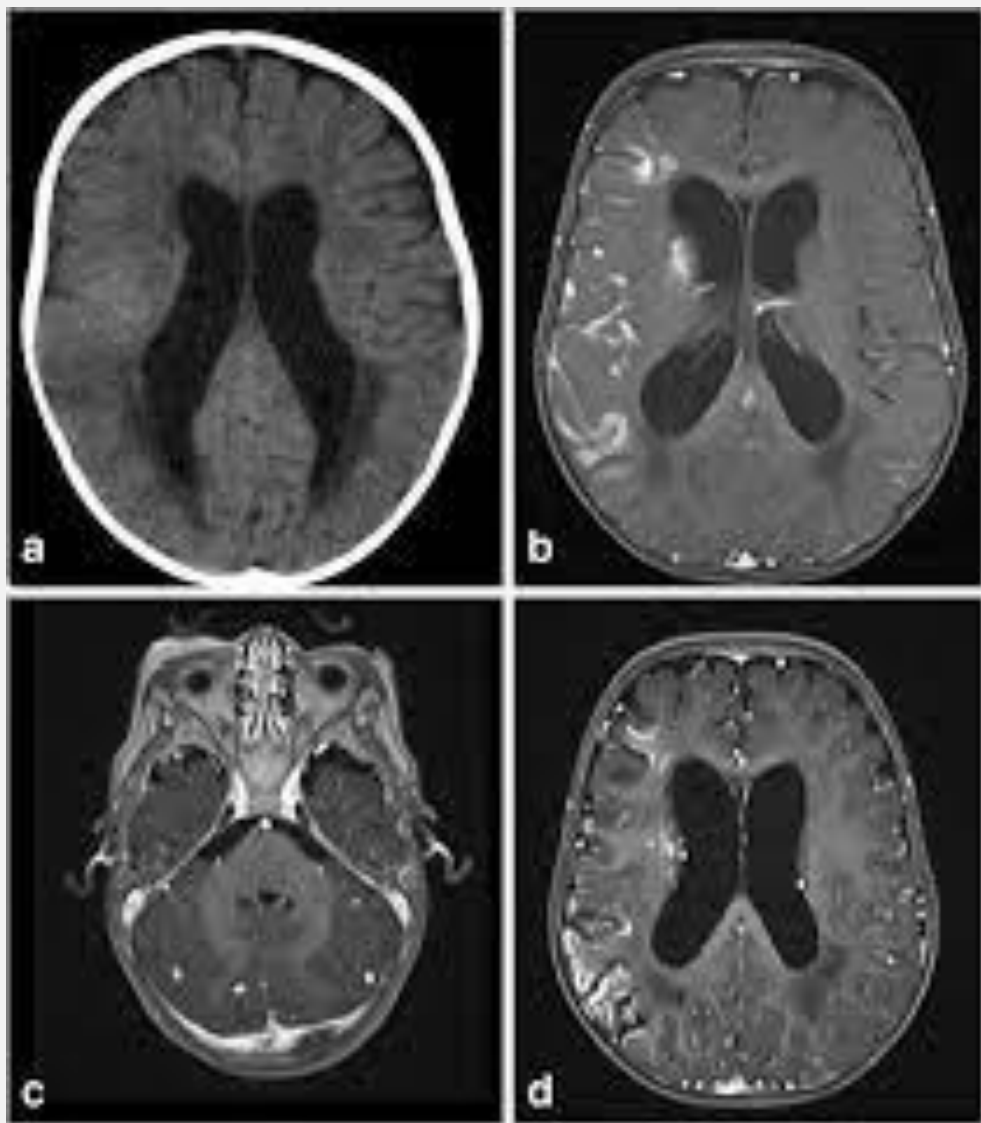
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2272-20  
812.50 mm

Philips Mx8000  
29 Nov 2011 08:27:46.6  
120kV, 245mAs  
SC 369.0 mm  
SW 1.0 mm  
ST 0.75s  
Z 1.33

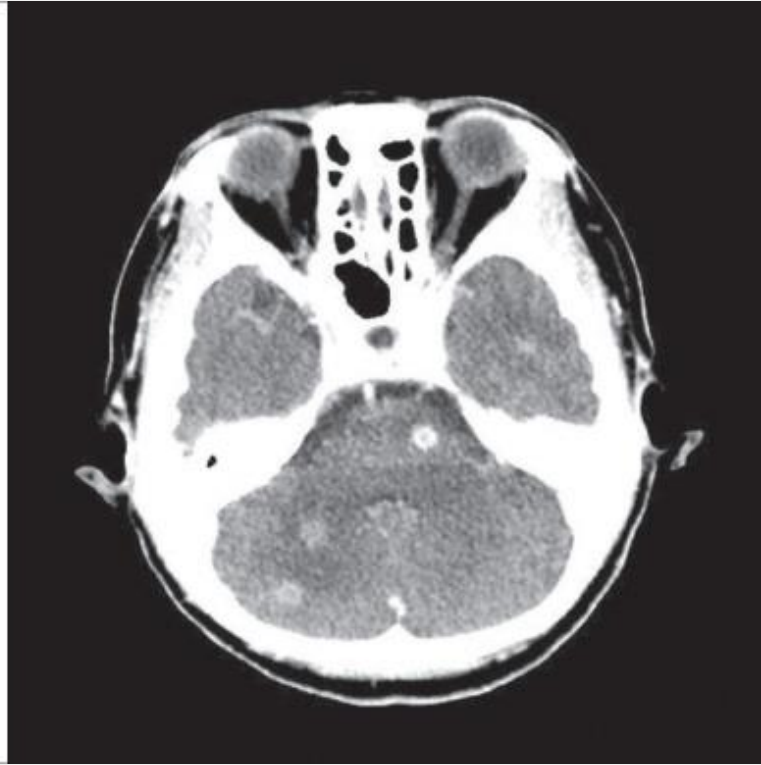
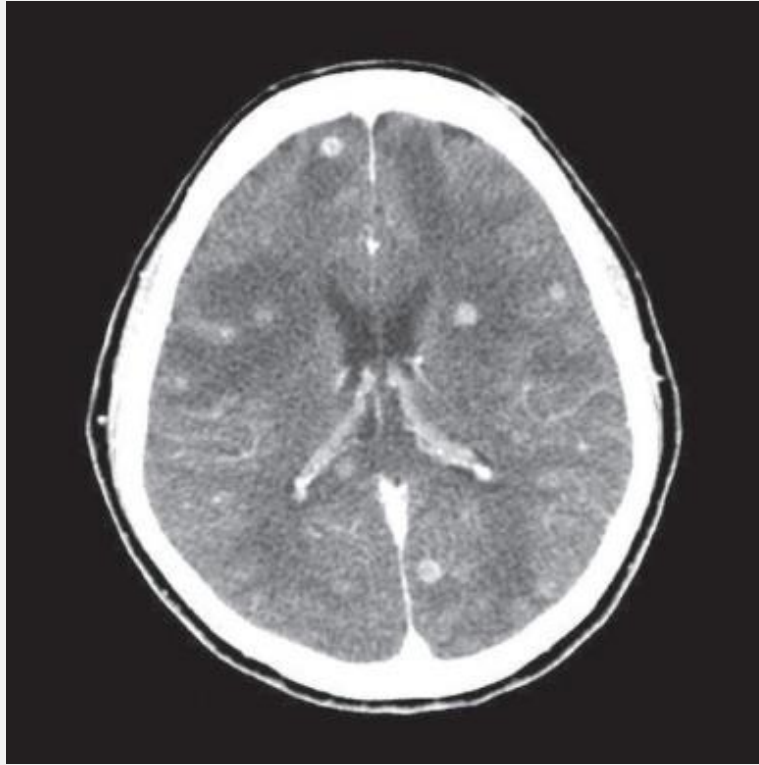










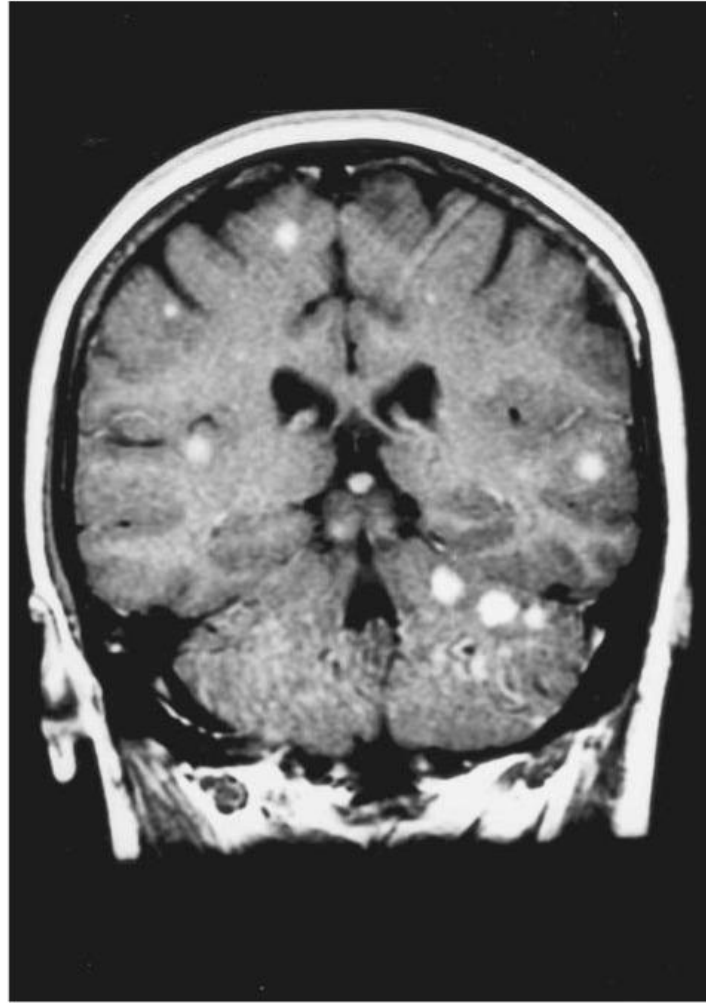








A

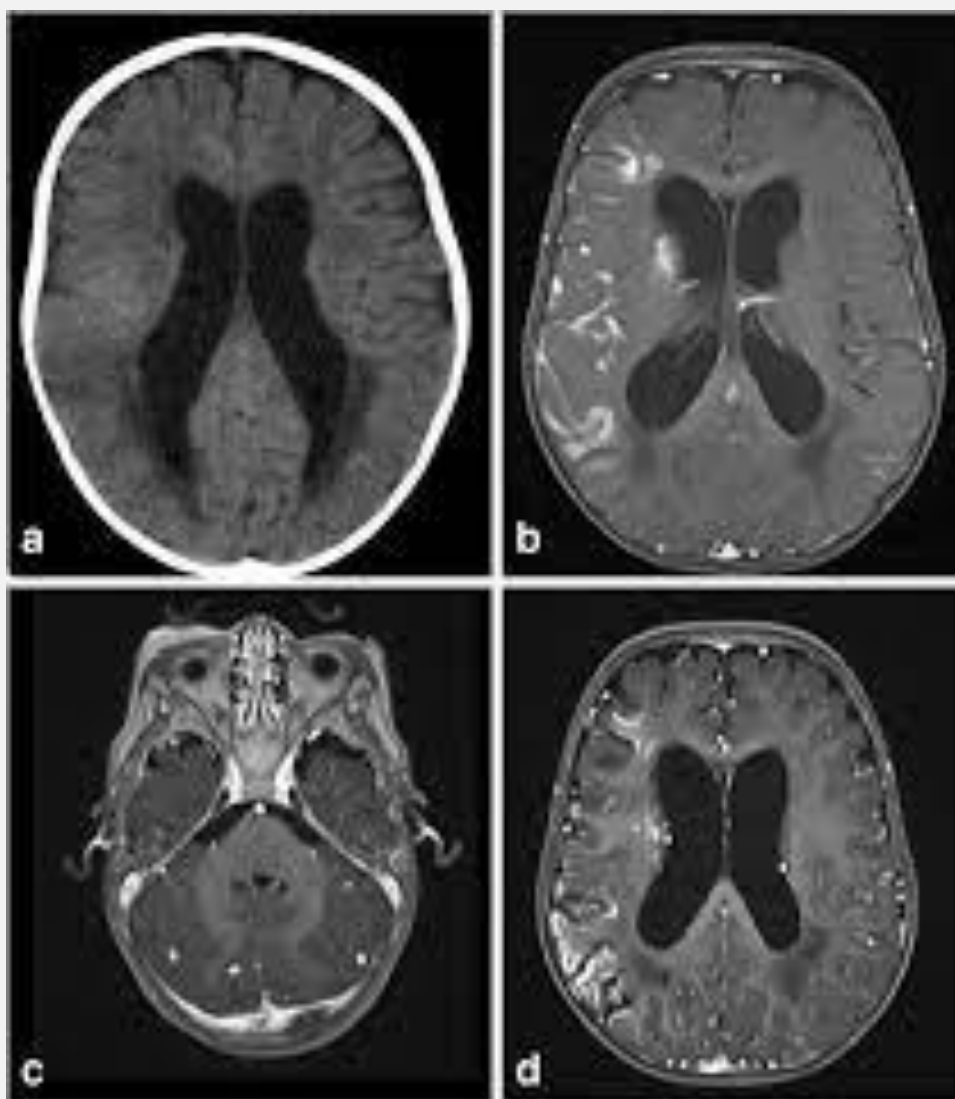


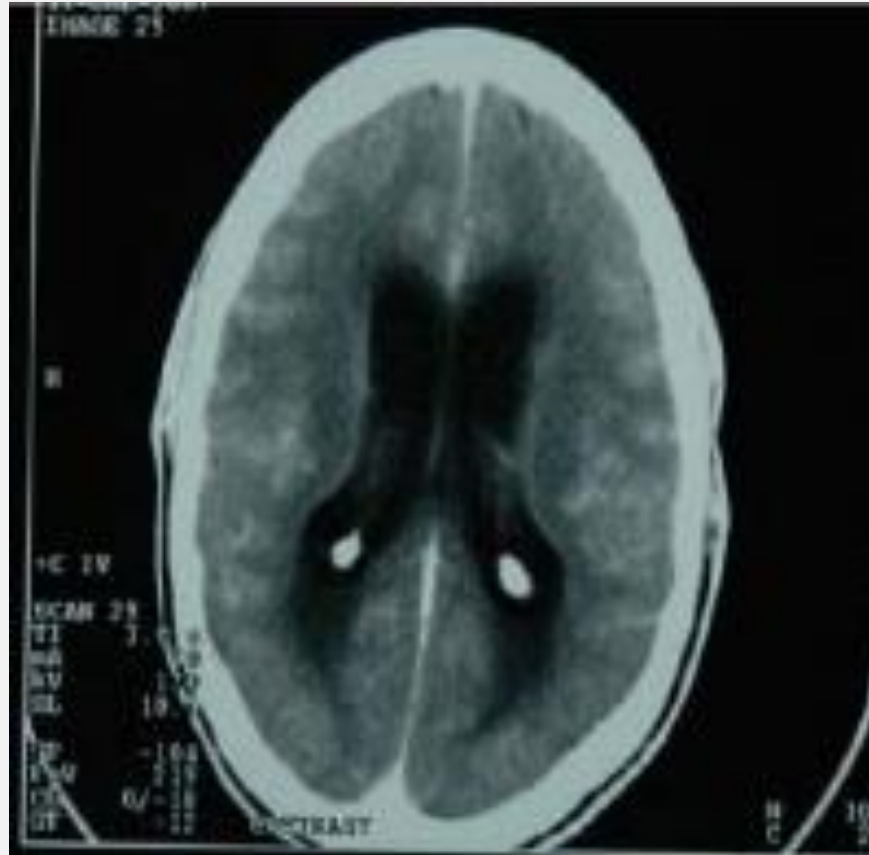
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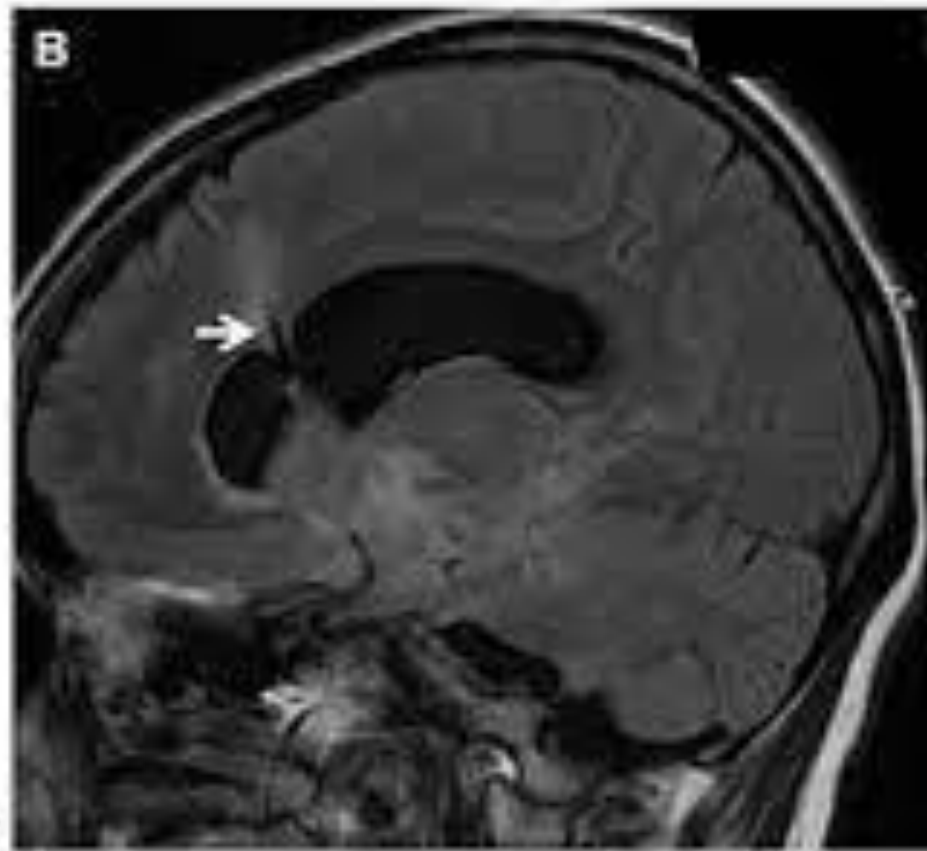


# CENTRAL NERVOUS SYSTEM TUBERCULOSIS:

- Tuberculous Meningitis
- Tuberculomas
- Tuberculous Spinal Meningitis

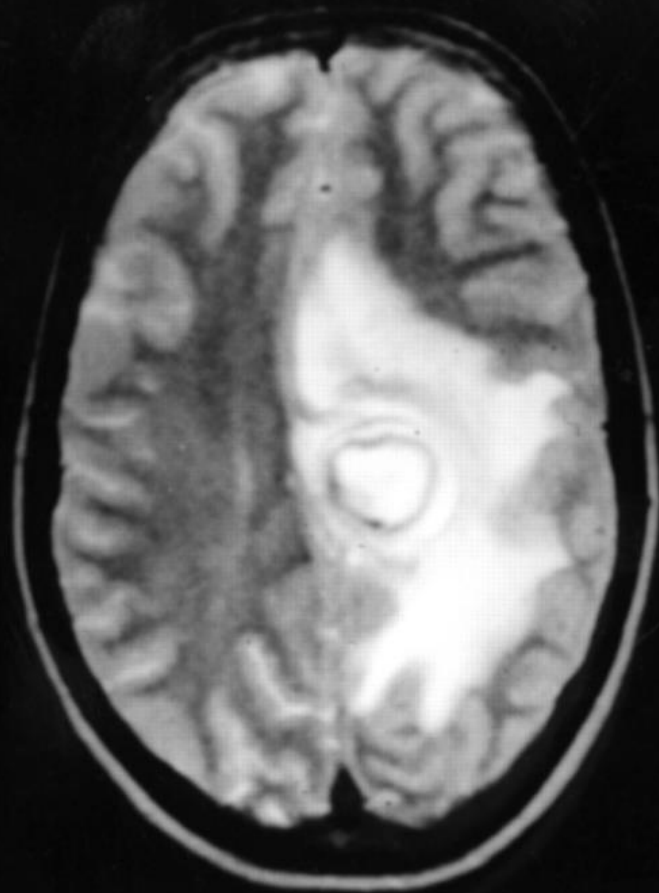






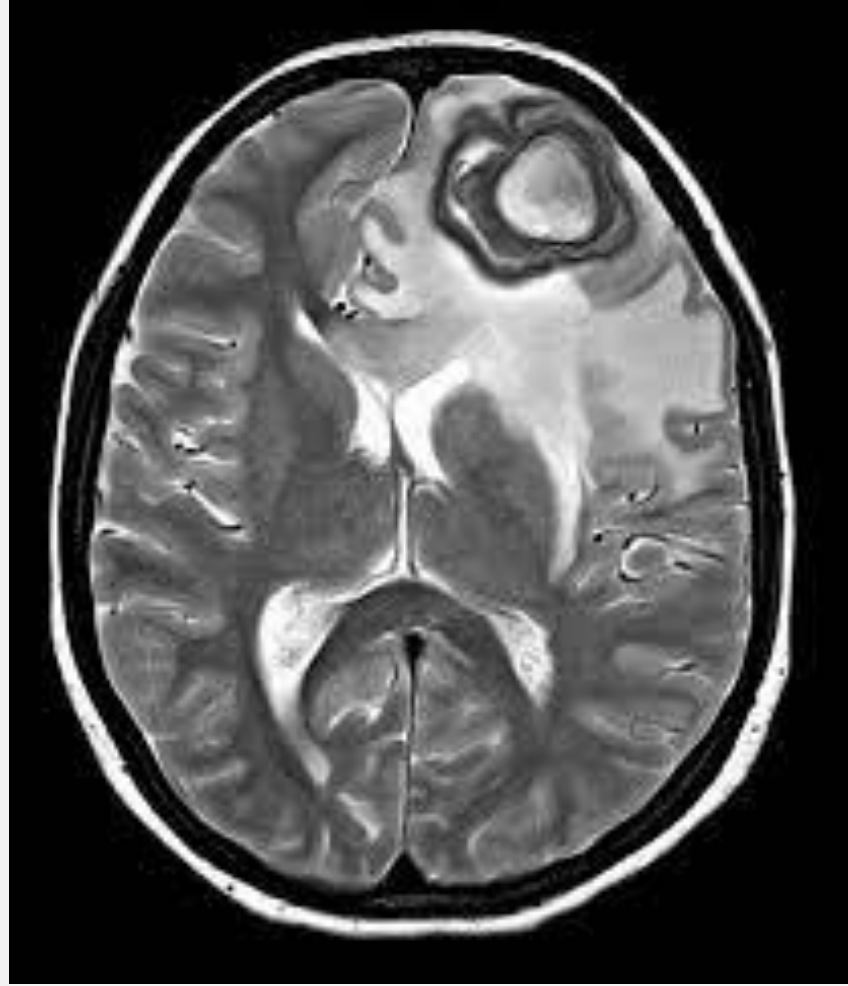
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IMAGE 9  
STUDY 3

RH

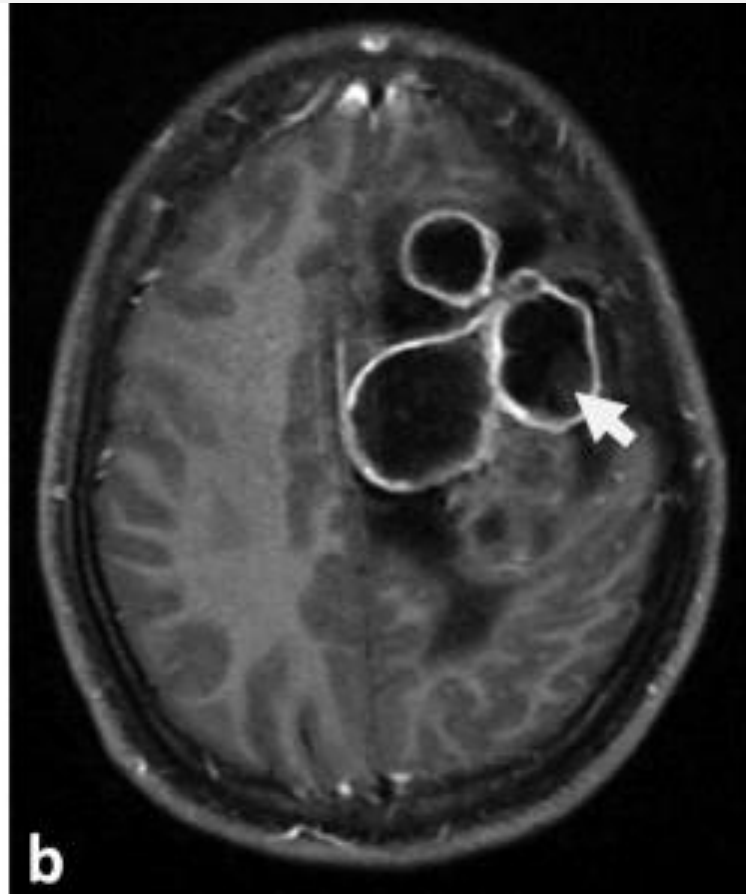
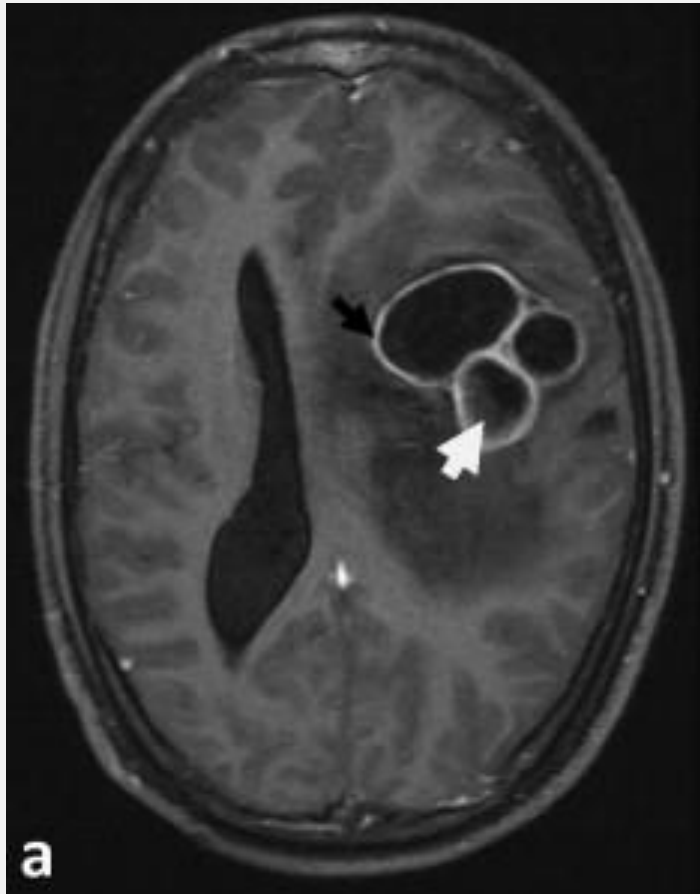


tse1\_7  
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TA 04:00

SP -24.8  
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196\*256os  
Tra-Sag 1







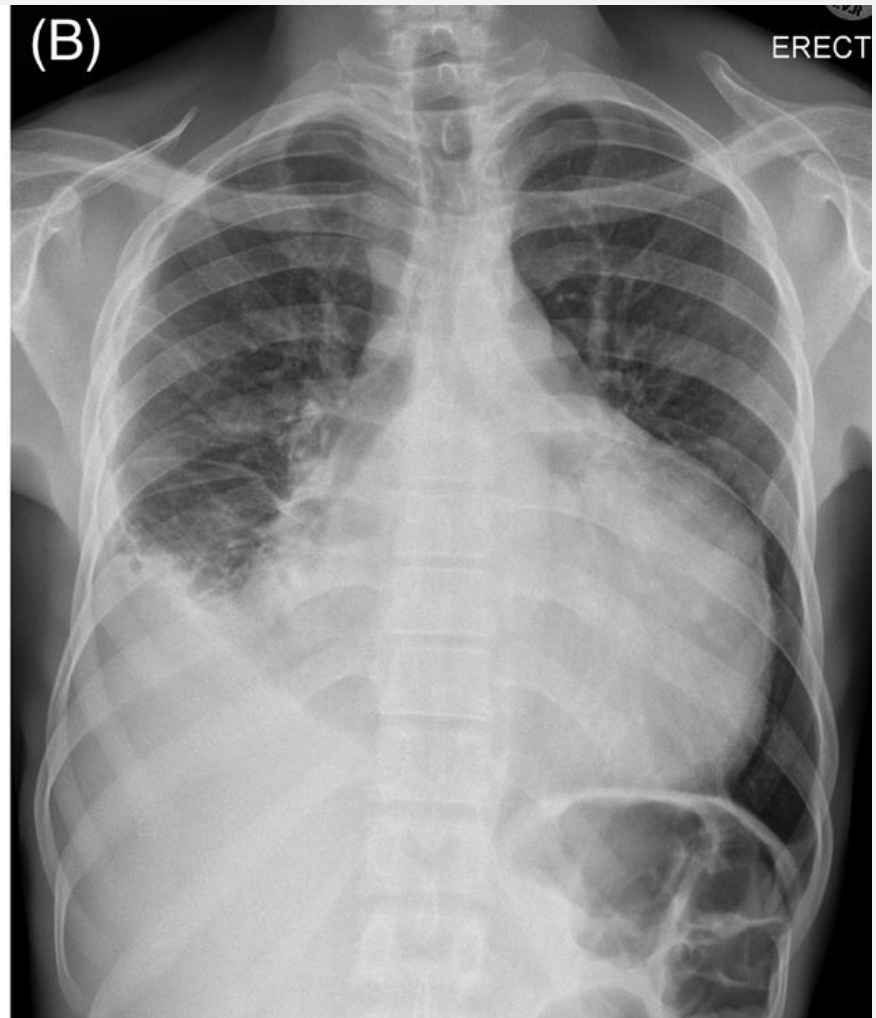
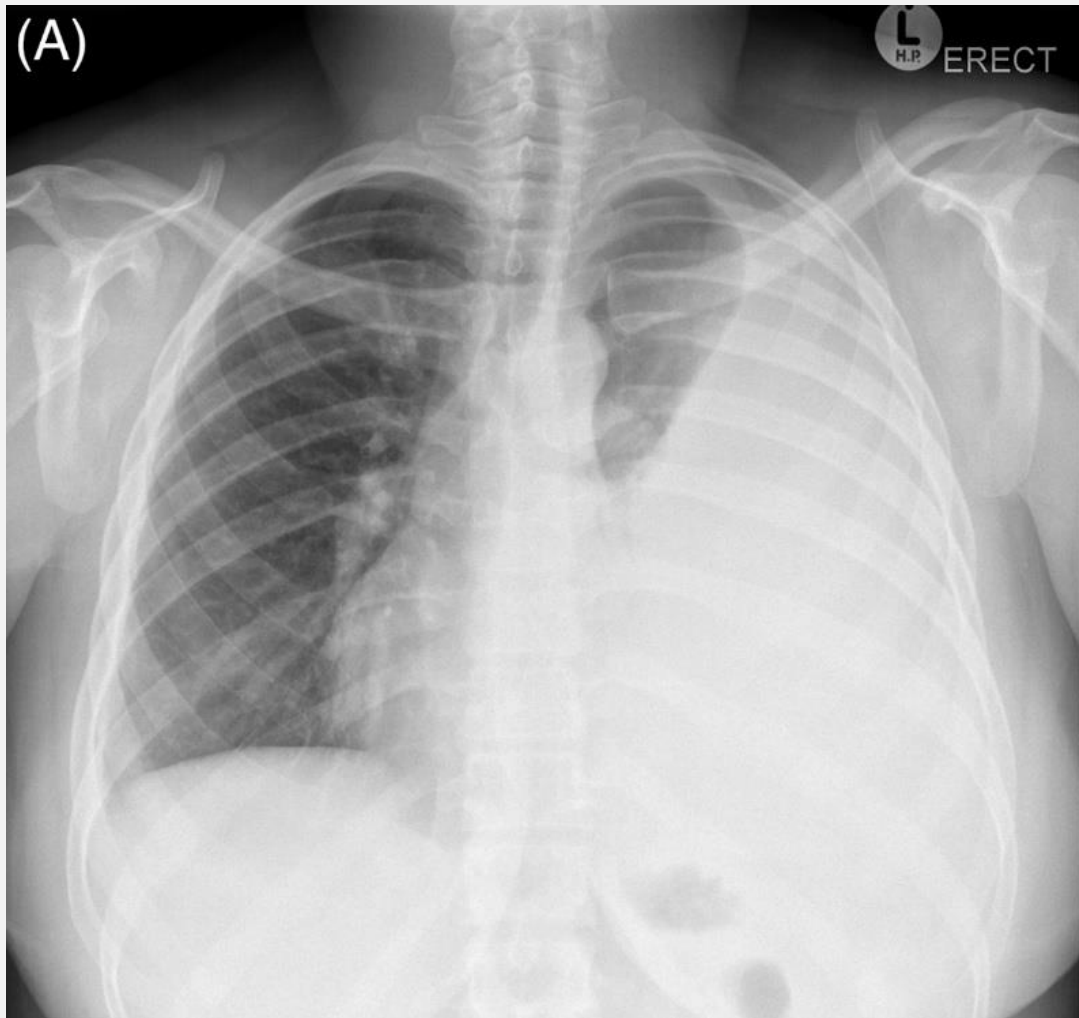


TUBERCULOUS PLEURISY (SEROFIBRINOUS  
PLEURISY WITH EFFUSION)

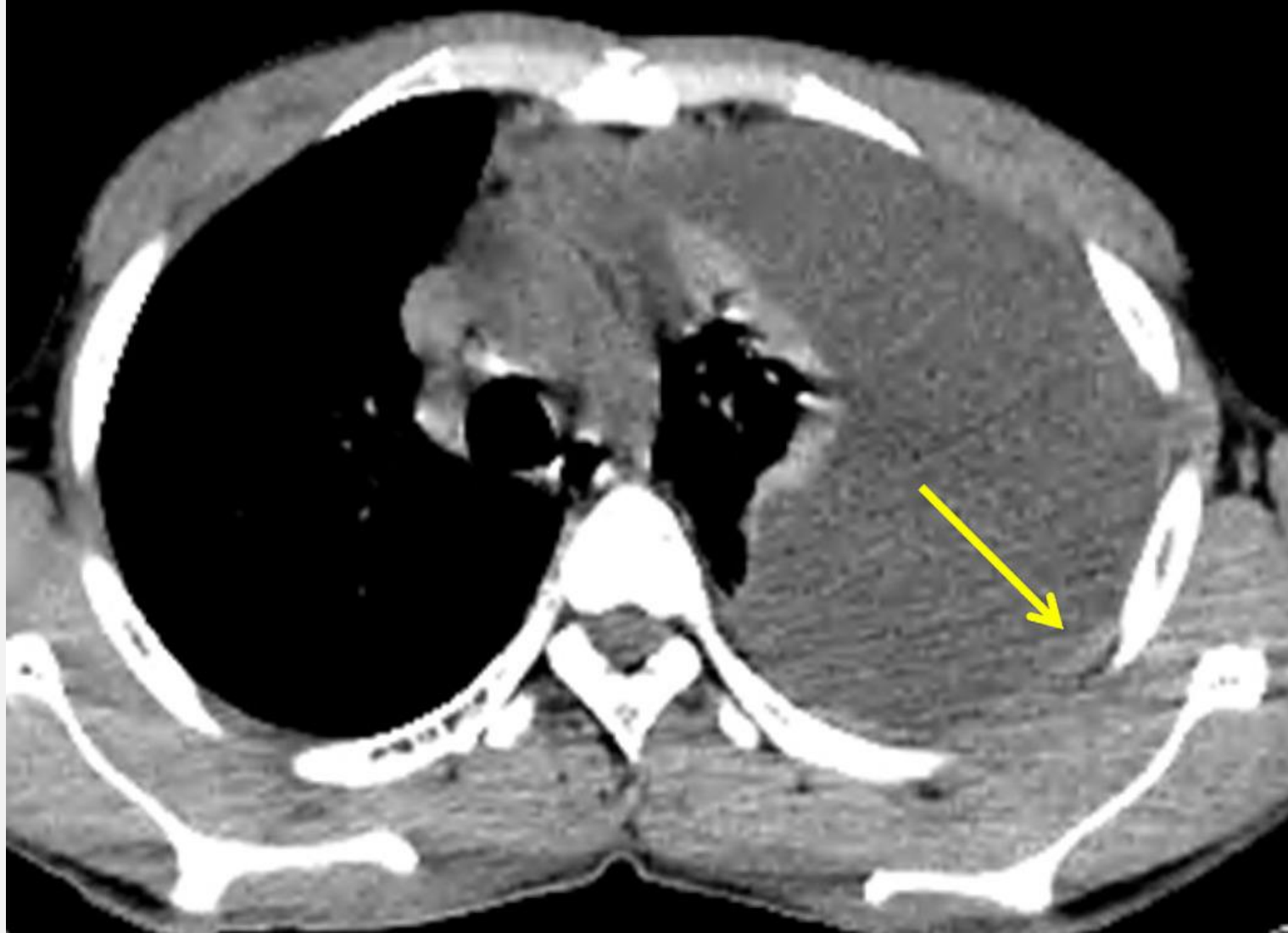
## **TYPES OF TUBERCULOUS PLEURISY**

- Early Postprimary Pleurisy With Effusion
- Pleurisy With Effusion Complicating Chronic Pulmonary Tuberculosis
- Pleurisy With Effusion Complicating Miliary Tuberculosis

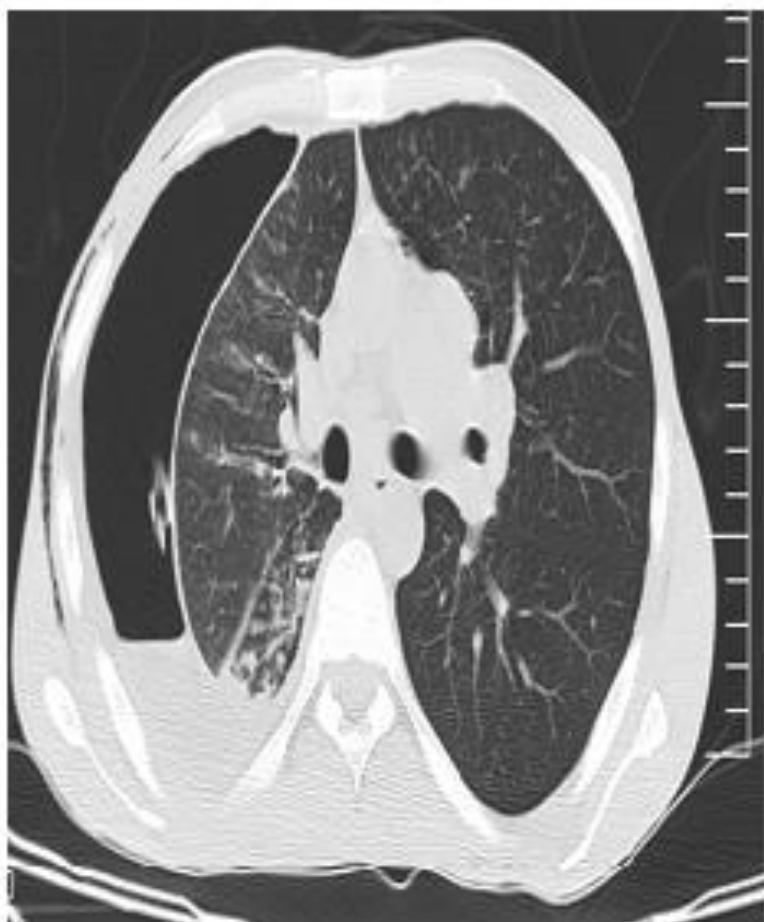




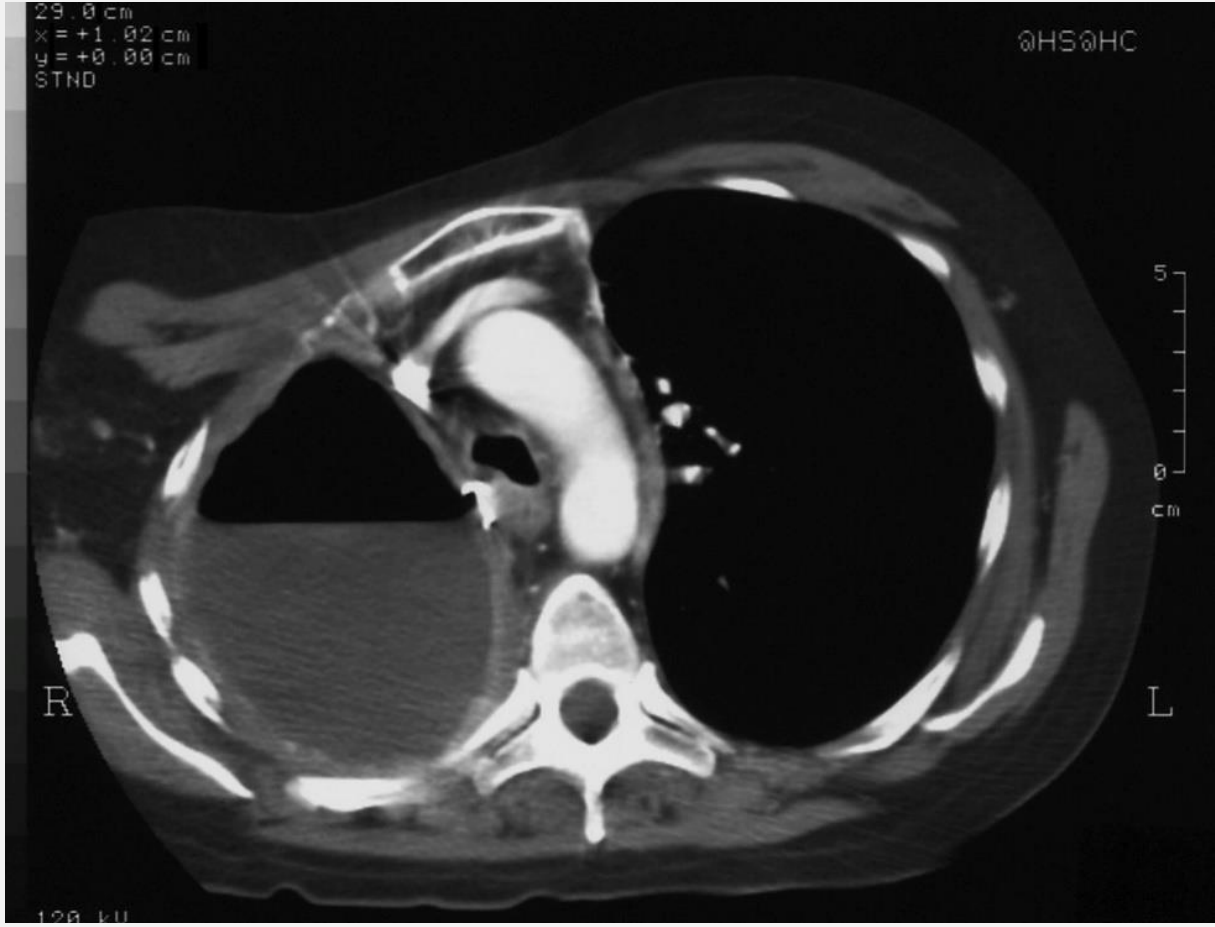




TUBERCULOUS EMPYEMA AND  
BRONCHOPLEURAL FISTULA





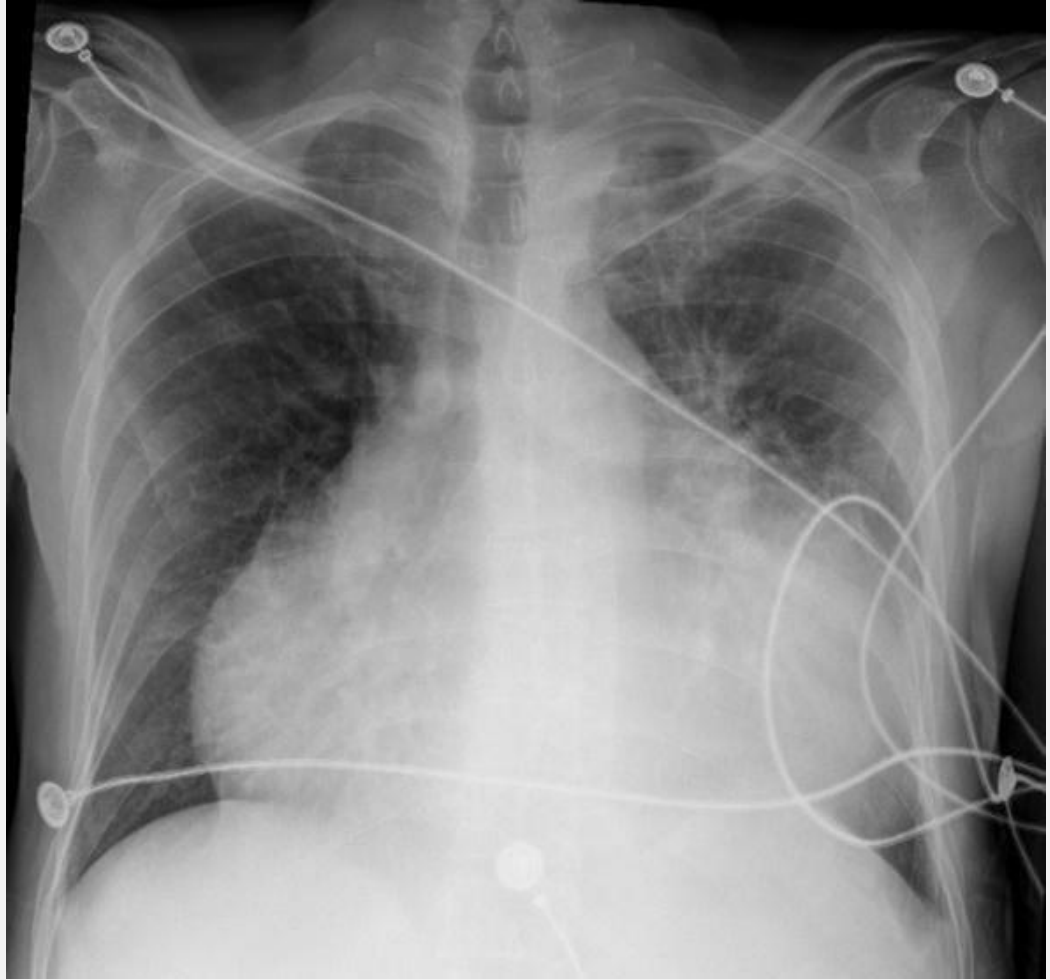






# TUBERCULOUS PERICARDITIS







## GENITOURINARY TUBERCULOSIS:

- Renal Tuberculosis
- Male Genital Tuberculosis
- Female Genital Tuberculosis





**Figure 2:** CT revealing parenchymal granulomas (black arrows) in



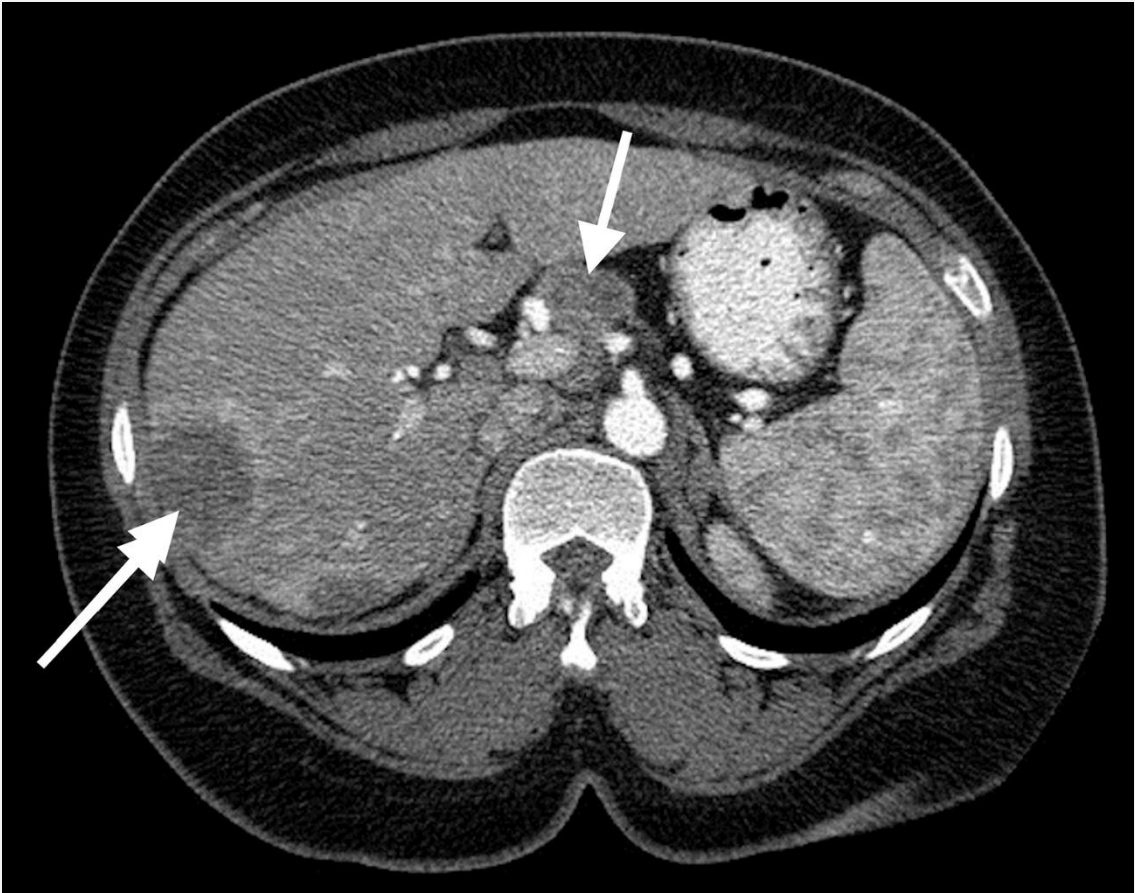




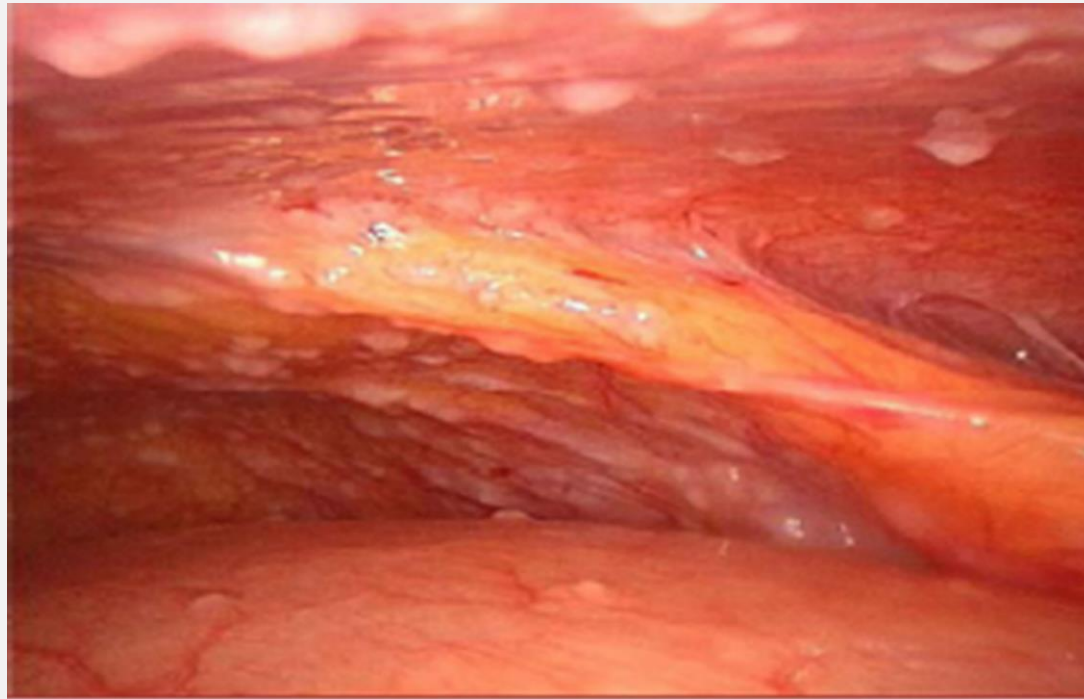
# GASTROINTESTINAL TUBERCULOSIS







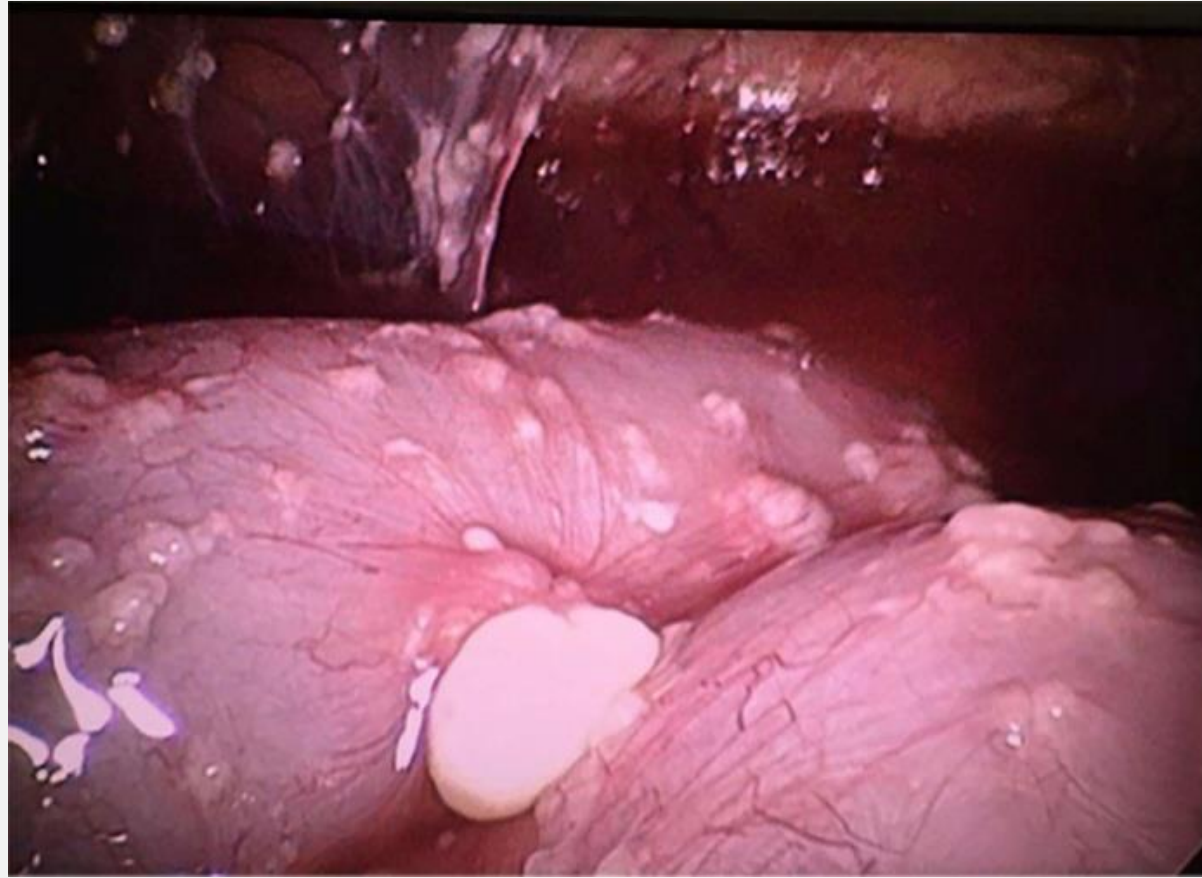
# TUBERCULOUS PERITONITIS











## TUBERCULOUS LYMPHADENITIS (SCROFULA): PERIPHERAL NODES

- the most frequent form of extrapulmonary TB
- unilateral and cervical
- upper border of the sternocleidomastoid
- painless, red, firm mass
- any age or race



- Children often have an ongoing primary infection
- other age groups evidence of extranodal TB and systemic symptoms are usually absent
- Lymphadenopathy outside the cervical and supraclavicular area indicates more serious TB

- TST result is almost always positive.
- Fine-needle aspiration
- smears or cultures are usually negative
- Biopsy with culture is often required for diagnosis
- Complete excision of involved nodes with no drain left in place is recommended

- Untoward events such as node enlargement with pain, suppuration, sinus formation, and appearance of new nodes occur in 25% to 30% of cases, both during and after chemotherapy, and do not indicate failure of drug treatment.
- reactions to retained tuberculous antigens
- usually subside spontaneously
- short courses of corticosteroids



















# CUTANEOUS TUBERCULOSIS

- Erythema induratum
- Erythema nodosum
- TB verrucosa cutis
- nodule
- ulcer



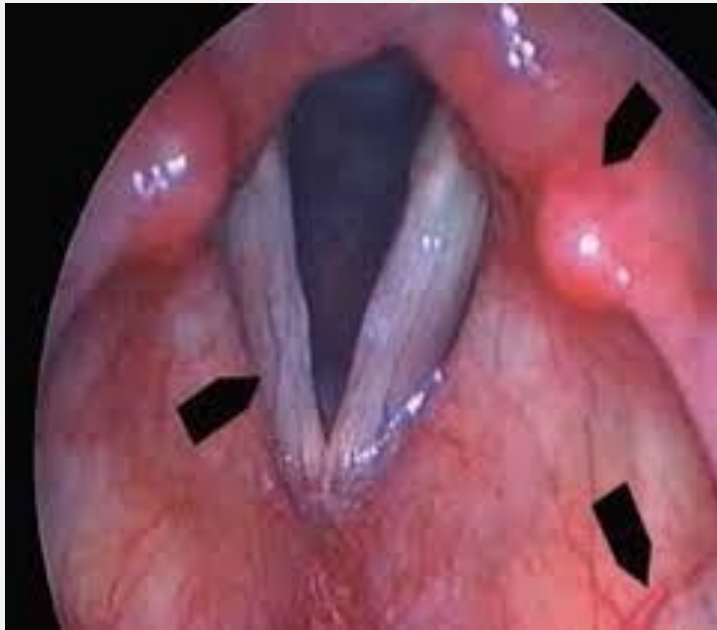








# TUBERCULOUS LARYNGITIS





# TUBERCULOUS OTITIS



بَا تَشْكُر