



No more than meets the eye

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► To cite this version:

Louis-Philippe Dormegnie, Adrien Henry, Jean-Hugues Salmon, Yohan N'Guyen. No more than meets the eye. *European Journal of Internal Medicine*, 2021, 87, pp.90-91. 10.1016/j.ejim.2021.03.022 . hal-03701686

HAL Id: hal-03701686


<https://hal.univ-reims.fr/hal-03701686>

Submitted on 22 Jun 2022

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01 No more than meets the eye

 The corrections made in this section will be reviewed and approved by a journal production editor.

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¹Equally contributed to this work

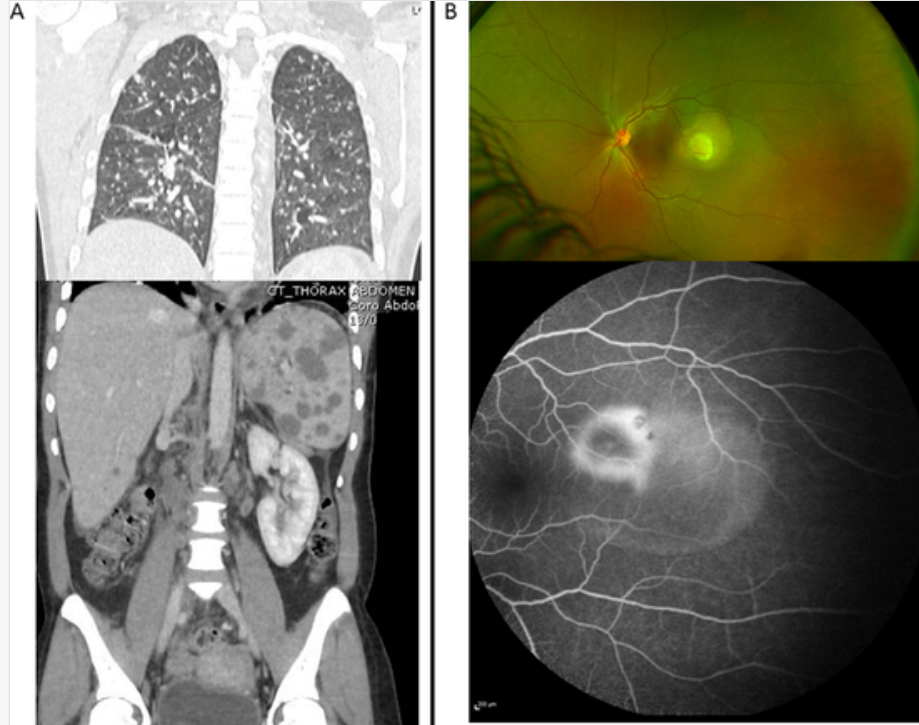
²Equally contributed to this work

1 Main section (case description)

A 33-year old Ivorian woman was admitted for fever and thrombocytopenia. She had been previously treated in France by tocilizumab then anti TNF- α for rheumatoid arthritis since 7 and 2 years respectively. She lost weight three months ago, whereas her last trip to Ivory Coast was three years ago. Physical examination was unremarkable except a hectic fever. Complete Blood count revealed hypochromic microcytic anaemia (6.1 g/dL) and profound thrombocytopenia (11 000/mm³), Serum C reactive protein and ferritin values were 81 mg/L and 636 ng/mL respectively. Haemoglobin level was corrected whereas platelets level was not, once red blood cells and platelet transfusion had been performed. Bone marrow cytology was normal with presence of megakaryocytes. Platelet associated immunoglobulins were detected by flow cytometry and ELISA (anti GPIIb/IIIa and anti GPIa/IIa). Computerized tomography scan yielded multiple micronodules of lungs, spleen and liver associated with mesenteric lymphadenopathies ([Fig. 1A](#)). Funduscopy revealed a single elevated yellowish-white choroidal lesion of the left eye with fluorescein angiographic signs of exudation ([Fig. 1B](#)).

alt-text: Fig. 1

Figure Fig. 1



A. Above: Computerized tomography scan of the lungs in the coronal plane showing multiple micronodules of both lungs. Below: Computerized tomography scan of the abdomen in the coronal plane showing nodules of spleen and liver associated with a mesenteric lymphadenopathy. **B.** Above: Funduscopy of the left eye showing a single elevated yellowish-white choroidal lesion. Below: Fluorescein angiography showing exudation of the choroidal lesion.

Question: What is the most plausible diagnosis?

2 Discussion section (225 words)

Culture of Broncho-alveolar fluid grew a fully sensitive *Mycobacterium Tuberculosis* strain and the diagnosis of miliary Tuberculosis with choroidal Tuberculoma associated with immune thrombocytopenia was retained.

The multiple micronodules in both lungs were consistent with the millet-seed like appearance observed during miliary Tuberculosis, which is a subset of disseminated Tuberculosis. Although less evocative than Choroidal Tubercles (usually multiples, grayish, surrounded by inflammation, with a size inferior to 0.5 disc diameter), the presence here of a choroidal Tuberculoma (always single, yellowish, with exudative detachment and larger size) suggested also strongly Tuberculosis. It has been described during miliary and disseminated Tuberculosis [1], which were overrepresented (in 5 to 40% of cases) amongst patients treated by anti TNF- α [2]. Systematic funduscopy evidencing Choroidal Tuberculoma allowed here to make (before culture) the diagnosis of Tuberculosis, which is infrequently associated with Immune Thrombocytopenia. Indeed, Immune Thrombocytopenia has only been described in more than 50 cases of all kinds of Tuberculosis so far [3].

Our patient received 12 months of antimycobacterial therapy associated with Corticosteroids because of immune thrombocytopenia. Corticosteroids treatment lasted 4 months because of subsequent Rheumatoid Arthritis flare-ups, which then led to the reintroduction of Etanercept. After the end of antimycobacterial therapy, all micronodules and choroidal tuberculoma had vanished as well as the patient gained all the weight she had lost and did not experience fever or thrombocytopenia recurrence.

Declaration of Competing Interest

none.

Acknowledgement

The authors report no source of funding.

References



The corrections made in this section will be reviewed and approved by a journal production editor. The newly added/removed references and its citations will be reordered and rearranged by the production team.

- [1] Annamalai R., Biswas J. Bilateral choroidal tuberculoma in miliary tuberculosis - report of a case. J Ophthalmic Inflamm Infect 2015;5:4.
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- [3] Weber S.F., B  lard S., Rai S., Reddy R., Belurkar S., Saravu K. Immune thrombocytopenia secondary to tuberculosis: a case and review of literature. Int J Tuberc Lung Dis 2017;21(4):466–470.

Queries and Answers

Q1

Query: Please confirm that givennames and surnames have been identified correctly.

Answer: Surnames are identified correctly.

For given names, please write Louis-Philippe and Jean-Hugues instead of Louis Philippe and Jean Hugues respectively.