No more than meets the eye

Louis-Philippe Dormegnie, Adrien Henry, Jean-Hugues Salmon, Yohan N'Guyen

▶ 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

HAL is a multi-disciplinary open access archive for the deposit and dissemination of scientific research documents, whether they are published or not. The documents may come from teaching and research institutions in France or abroad, or from public or private research centers.

L'archive ouverte pluridisciplinaire **HAL**, est destinée au dépôt et à la diffusion de documents scientifiques de niveau recherche, publiés ou non, émanant des établissements d'enseignement et de recherche français ou étrangers, des laboratoires publics ou privés.

Internal Medicine Flashcard

Q1

No more than meets the eye

Louis Philippe Dormegnie[a,1], Adrien Henry[a,1], Jean Hugues Salmon[b,2], Yohan N'Guyen[c,2,*]

yohan.nguyen@wanadoo.fr

[a]Service d'Ophtalmologie. Hôpital Robert Debré. Centre Hospitalier Universitaire Reims. France

[b]Service de Rhumatologie. Hôpital Maison Blanche. Centre Hospitalier Universitaire Reims. France

[c]Service de Médecine Interne, Maladies Infectieuses et Immunologie Clinique. Hôpital Robert Debré. Centre Hospitalier Universitaire Reims. France

*Corresponding author: Avenue du général Koenig, 51100 Reims.

[1]Equally contributed to this work

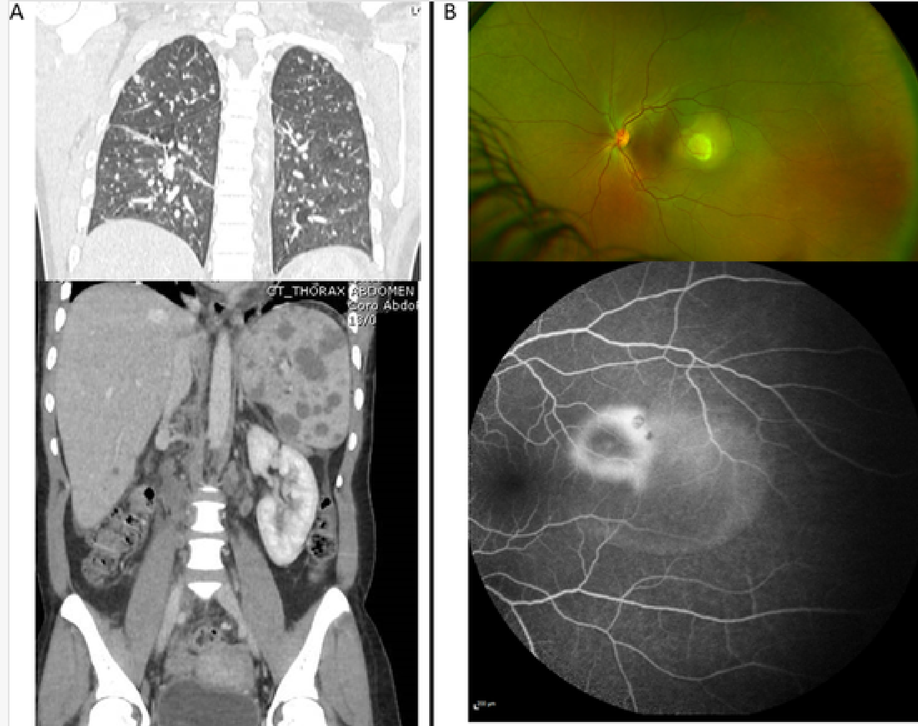
[2]Equally contributed to this work

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.

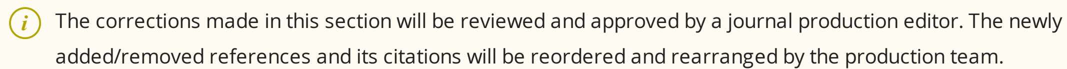
Declaration of Competing Interest

none.

Acknowledgement

The authors report no source of funding.

References



[1] Annamalai R., Biswas J. Bilateral choroidal tuberculoma in miliary tuberculosis - report of a case. J Ophthalmic Inflamm Infect 2015;5:4.

[2] Baronnet L., Barnetche T., Kahn V., Lacoin C., Richez C., Schaeverbeke T. Incidence of tuberculosis in patients with rheumatoid arthritis. A systematic literature review. Joint Bone Spine 2011;78(3):279–284.

[3] Weber S.F., Bélard 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 identied correctly.

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