SARCOIDOSIS AND TUBERCULOSIS UNDERDIAGNOSED OR MISDIAGNOSED?

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BACKGROUND
Sarcoidosis (SA) and tuberculosis (TB- Pulmonary and extrapulmonary) have many features in common and reported globally in variable clinical profiles. Both are granulomatous multisystem diseases that remain underdiagnosed or misdiagnosed. Both can run a chronic course and can have variable constitutional features. Lymphadenopathy can be present in both, but SA is non-caseating.1 TB more often progresses faster and may run a life threatening course while majority of SA runs a benign course not warranting anti-inflammatory drug therapy. 2 Both diseases involve lungs, commonly mediastinal (rarely non-thoracic) lymphadenopathy can be the initial presentation, thus calling for common diseases- lymphoma, lung cancer secondaries that deserve earlier recognition and therapy. TB can involve any age groups while SA quite often affects middle age groups. Rarely patients with SA can develop TB while on steroids in high-risk groups.

With the advent of endobronchial ultrasound (EBUS) more and more cases of mediastinal lymphadenopathy are diagnosed early with gratifying results.3 Raised angiotensin converting enzyme (ACE) levels in the serum and Mantoux test negativity together with fine needle aspiration cytology, (FNAC) transbronchial or CT-guided, support early diagnosis of SA.

Smear-negative TB not uncommonly remains underdiagnosed or diagnosed late. Constitutional features including loss of weight and dyspepsia call for early evaluation and ensure early therapy thereby preventing residual sequelae.2 Suspected tissue biopsy (showing caseating granuloma), immunological tests, nuclear amplification tests (Xpert MTB/Rif) wherever necessary support the diagnosis of TB and prevent misdiagnosis.

REFERENCES

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