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Introduction: Latent tuberculosis carry an increased risk of progression to reactivation, subsequent disease and mortality. This state is significantly increased in individuals with immune suppression, due to HIV co-infection, therapy with immunosuppressant etc. The subject case describes a pregnant women who develop miliary tuberculosis after an In Vitro Fertilization (IVF).

Case Report: A 32 years old pregnant Saudi female (G3P0+2) at 16th weeks of gestation. She received IVF pregnancy for infertility. She is nullipara with two previous failed IVF. She was presented with symptoms of fever, dyspnea and cough for two weeks. She was maintained on daily progesterone, enoxaparin and aspirin. Initially she was admitted and diagnosed based on her symptoms and chest imaging as bilateral pneumonia and treated accordingly. On day five she deteriorated and required mechanical ventilation. High index of suspicion was made and AFB test was sent, result came positive for Mycobacterium Tuberculosis. Accordingly, the diagnosis of bilateral pneumonia was revised to miliary tuberculosis and started on anti-TB medication. The clinical progression, CT chest imaging and follow up of the patient was done.

Conclusion: Women are at risk of TB during pregnancy and it is commonly assumed that immunological changes associated with pregnancy lead to increase susceptibility to infections. Moreover, in case of IVF and when patient received a progesterone to protect fetus implantation, risk TB infection exponentially increases. A high index of suspicion is required to diagnosed tuberculosis in pregnant women were TB symptoms overlap considerably with common of pregnancy symptoms. Consideration of TB screening in patient with infertility, before getting IVF is advised especially in endemic area.

Biography
Amena Al Janobi has completed her Residency in one of the busiest hospital in Eastern Province in Saudi. She has worked as Senior Medical Registrar and is currently working as a Clinical Fellow at pulmonary unit at KFSH-D.

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