45-year-old man with history of 7-joints per day marijuana use x 30 years, and one-year history of imprisonment in Grenada.

Presents with right shoulder pain, SOB, hemoptysis, weight loss.
Follow-up CT of the chest with IV contrast
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The initial thought was the patient had a Pancoast tumor with metastases.

Bronchoscopy was performed and the lung mass was biopsied.

The pathology results showed noncaseating granulomas without evidence of malignancy. AFB was negative.

IR was consulted to perform drainage of the right psoas collection, which was culture positive for Mycobacterium tuberculosis.
Treatment initiated with pyrazinamide, rifampin, ethambutol, INH
Hepatosplenic tuberculosis

Acute lesions are hypoattenuating nodules with ill-defined, enhancing margins

Hepatic and splenic tuberculomas tend to calcify as they heal

Tuberculous spondylitis (Pott disease)

Vertebral collapse with relative preservation of discs

Epidural soft-tissue mass and/or large dissecting paraspinal abscesses over considerable distance

Pott disease seen in < 1% of patients with tuberculosis

Concomitant pulmonary tuberculosis in about 10% of patients

Most prevalent in 5th decade (this patient’s age = 45)

M = F

Keith D. Hentel, MD; Mark Z. Chen, MD. Osteomyelitis, Granulomatous. StatDX. 2005-2011.
Tuberculous spondylitis (Pott disease)

Gibbus deformity
Vertebral body collapse → kyphosis best seen when bending forward
Can lead to neurologic sequelae

http://www.radrounds.com/photo/tuberculosis-of-the-spine