

TUBERCULOSIS FROM HEAD TO TOE

INTRODUCTION AND METHODS

PULMONARY

ABDOMINAL

INTRACRANIAL

SKELETAL

LYMPHADENOPATHY

TAKE HOME MESSAGE

- ▶ Pulmonary: Post-primary, Miliary
- ▶ Abdominal: Peritoneal, Renal
- ▶ Skeletal: Spine, Arthropathy
- ▶ Intracranial: Tuberculoma, Meningitis
- ▶ Lymphadenopathy: Cervical, Inguinal

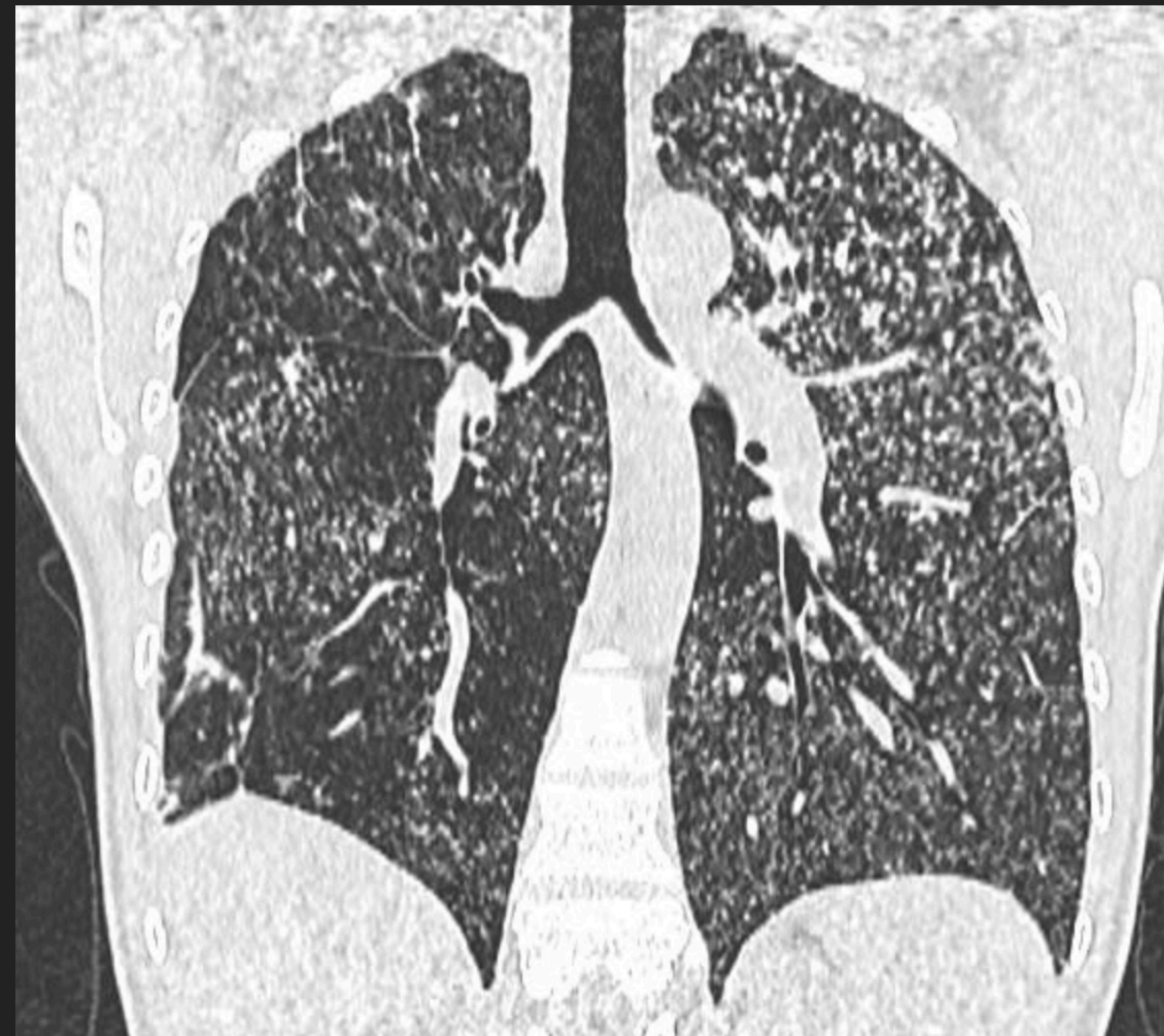
PULMONARY

POST-PRIMARY



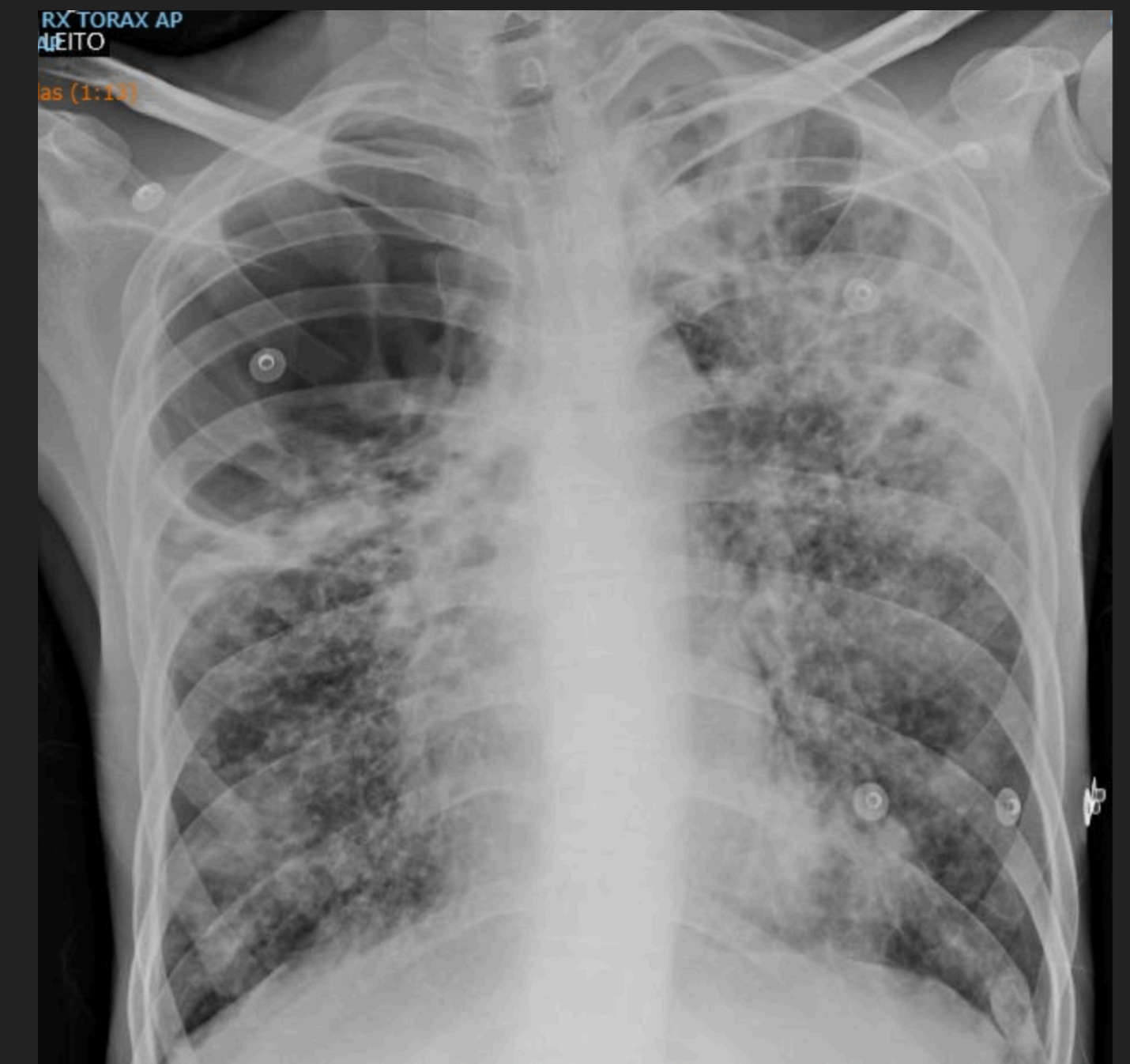
Bilateral multifocal patchy opacities with predilection for the upper zones

MILIARY



Diffuse miliary nodules throughout both lungs.

CAVITIES



Right upper lobe cavity surrounded by multiple small pulmonary nodules and multifocal patchy opacities

ABDOMINAL

RENAL

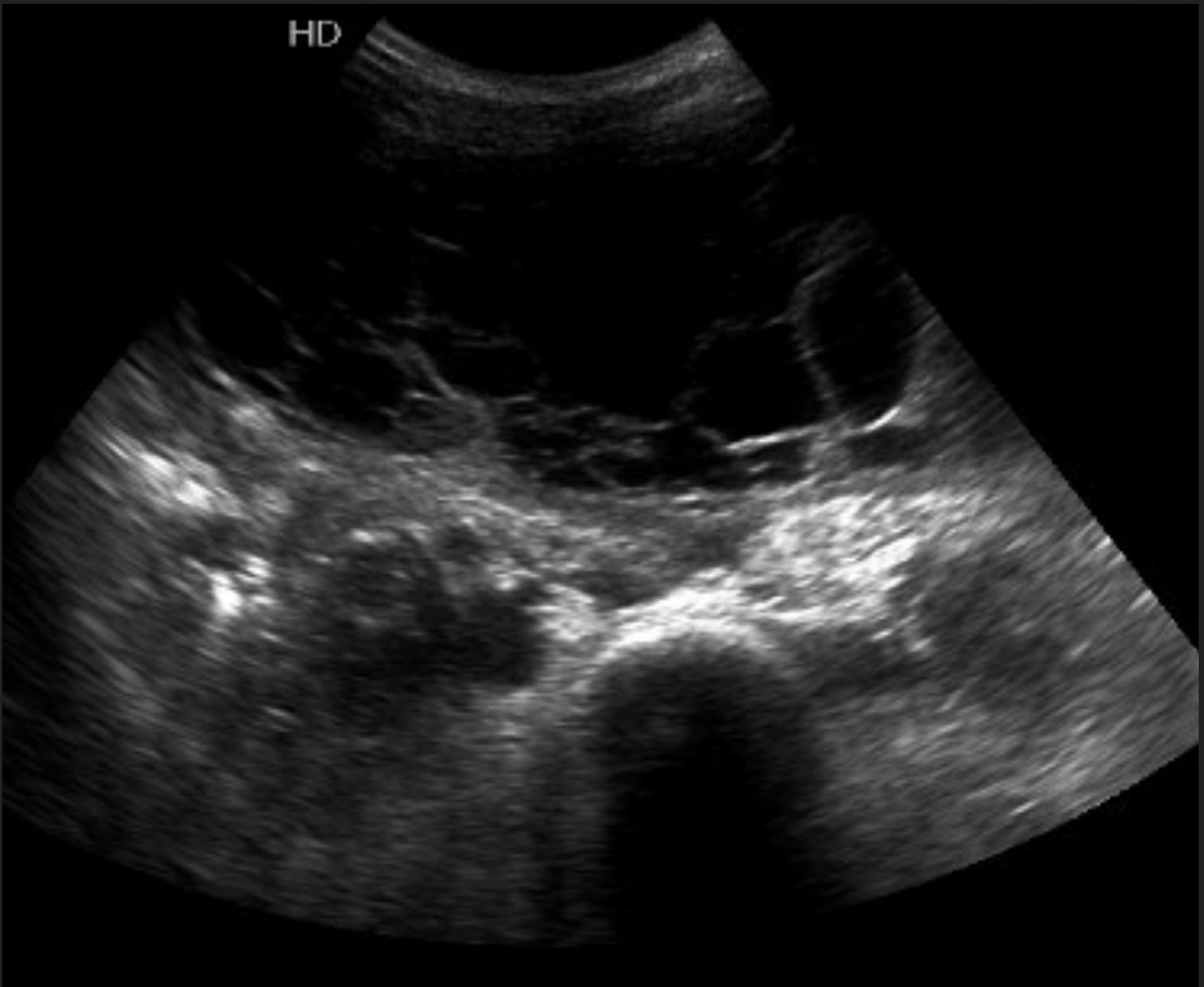
PERITONEAL



Shrunken left kidney with extensive amorphous calcification and right kidney hydronephrosis results in very thin parenchyma



Thickened enhancing peritoneum. Ascites exudative high attenuation

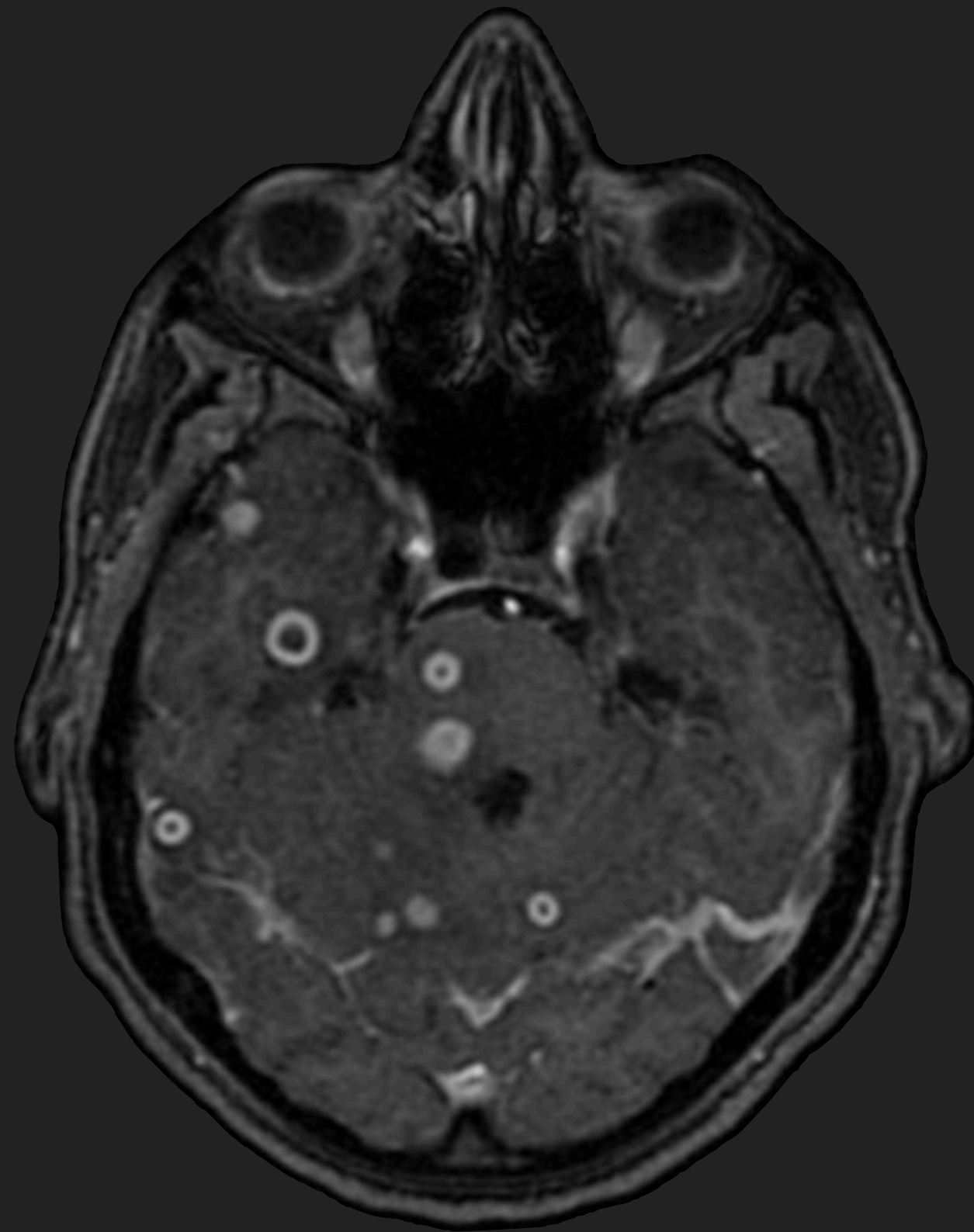


Moderate ascites with internal echoes and thin fibrinous septations

INTRACRANIAL

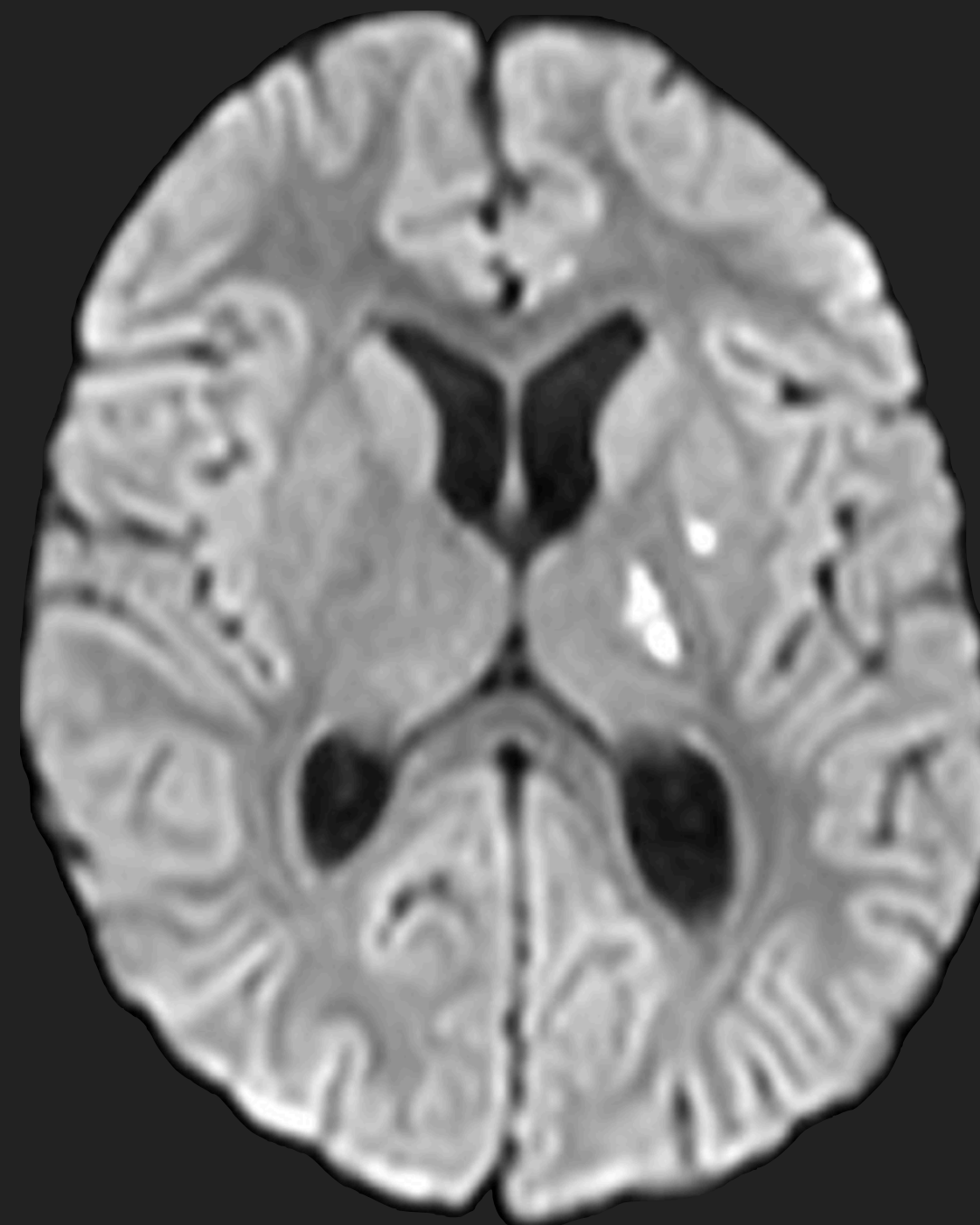
SKELETAL

TUBERCULOMA



Post contrast image show ring-enhancing lesions with central hypointensity

MENINGITIS



Left basal ganglia infarctions and hydrocephalus in a 3-year-old child.

SPINE



Spondylodiscitis with a peripheral enhancing collection, consistent with abscesses.

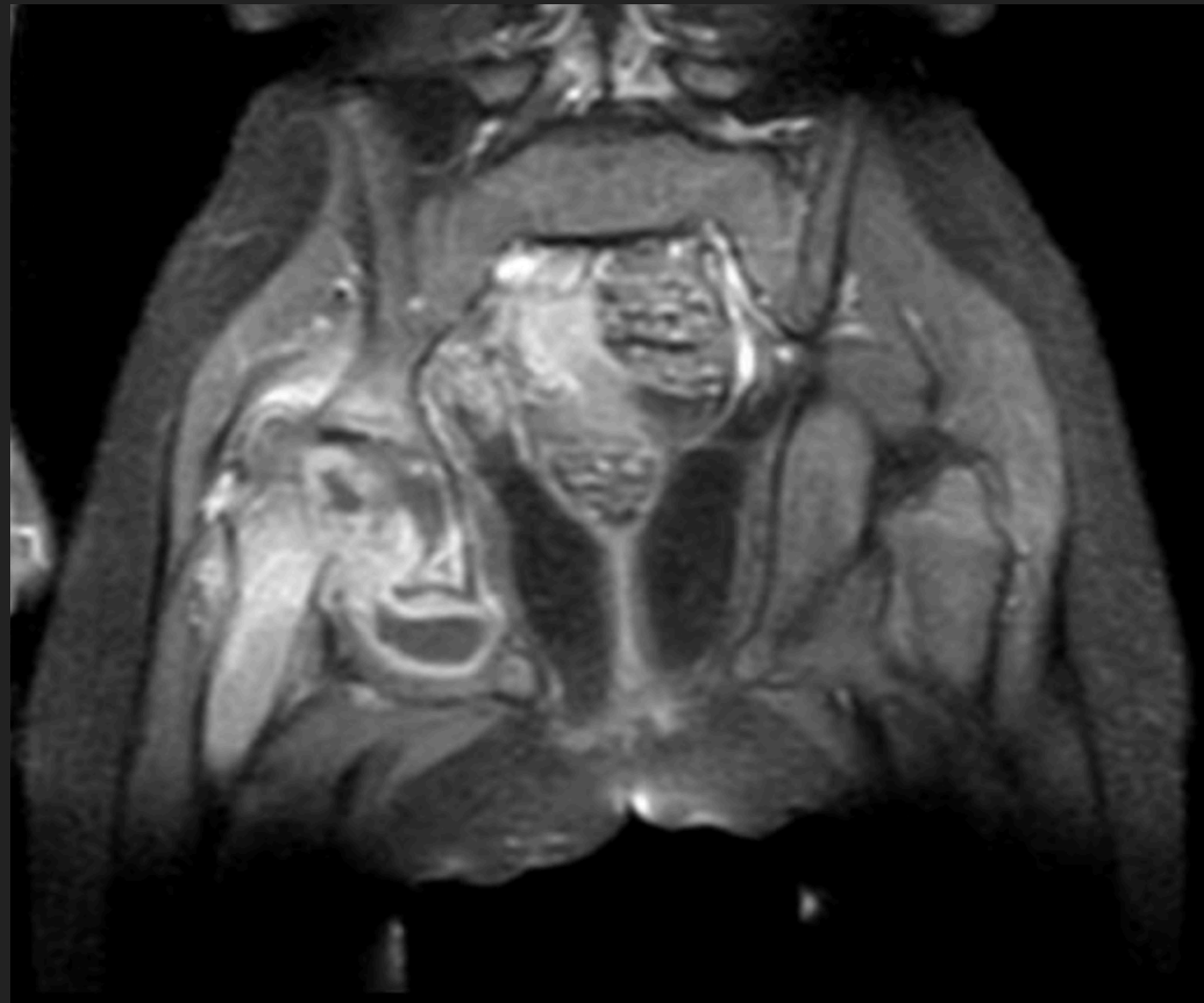
SKELETAL

LYMPHADENOPATHY

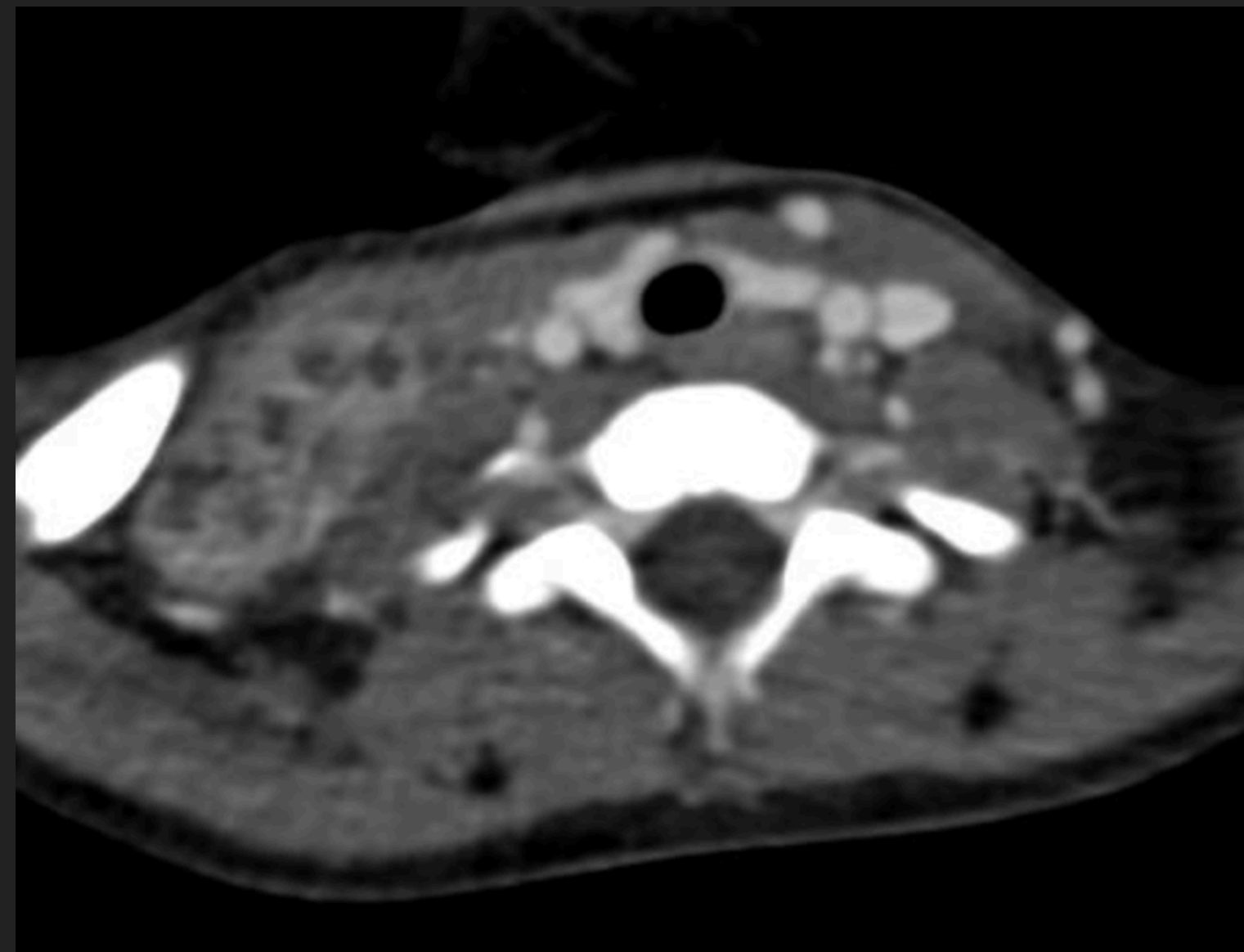
ARTHROPATHY

CERVICAL

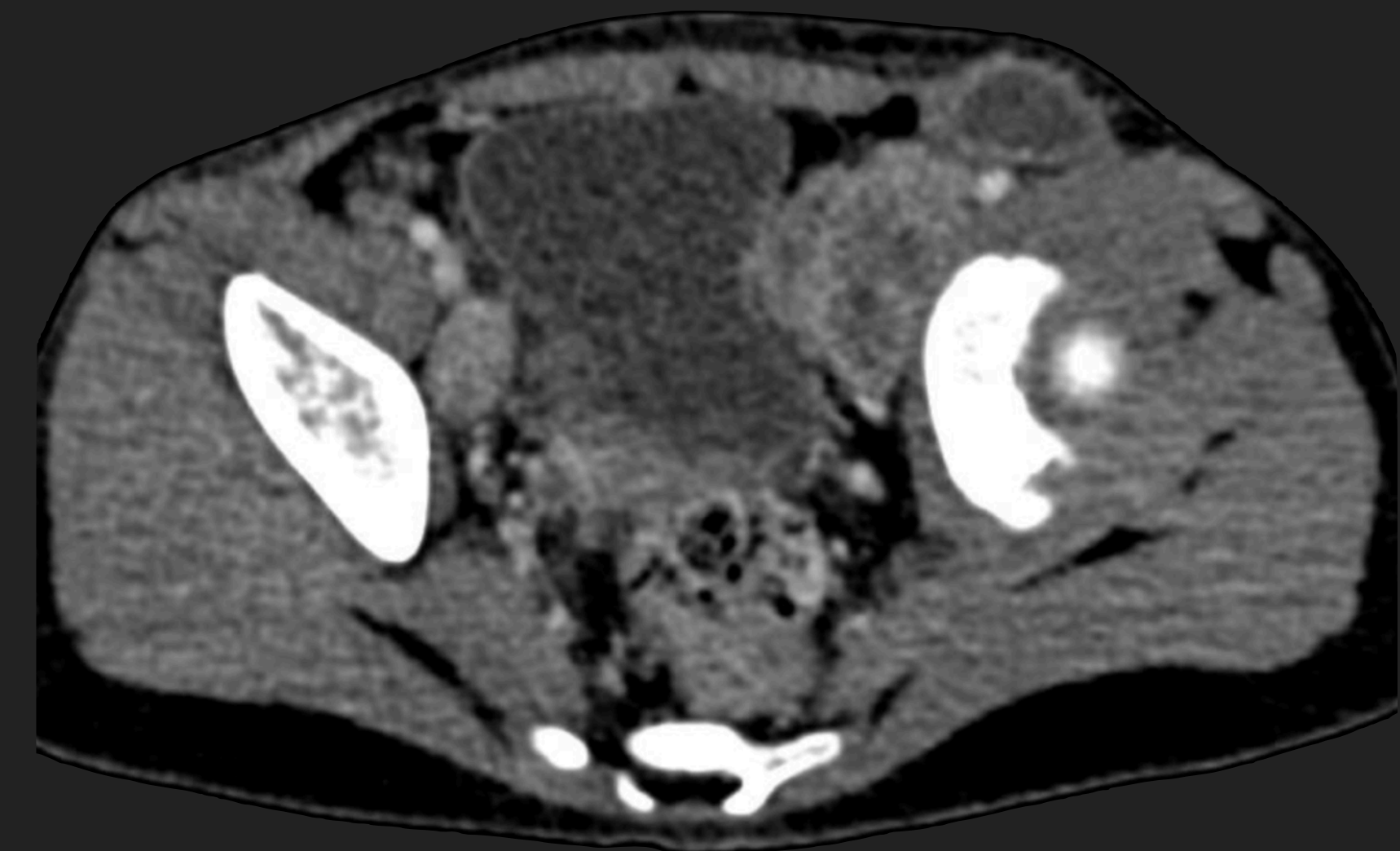
INGUINAL



Moderate right hip effusion, diffuse synovial thickening and enhancement. Areas of subchondral bone marrow edema with postcontrast enhancement.



A conglomerate of lymph nodes with internal necrosis in the right infraclavicular chain



A conglomerate of lymph nodes with internal necrosis and a large node with central low density

Early recognition and treatment are essential for the proper management of patients with tuberculosis, reducing associated morbidity and mortality. Therefore, it is important for radiologists and other healthcare providers to be familiar with the various presentations of tuberculosis.