

# Pulmonary tuberculosis

A 29-year-old patient suffers from hormone-dependent bronchial asthma. Fluorography detects a round shadow of medium intensity with clear even contours in C2 of the right lung. Around the shadow, there are several polymorphic focal shadows. There is a calcination at the root of the lung.

Examination detects a banbox resonance in the percussion sound over the lungs, diffuse dry crackles can be heard. Blood test detects no changes. Mantoux test reaction with 2 tuberculin units PPD-L resulted in a papule 22 mm in size.

What is the most likely diagnosis in this case?

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- Eosinophilic infiltration
- Peripheral cancer
- Tuberculoma
- Pneumonia
- Aspergilloma

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A 32-year-old woman complains of marked shortness of breath, dry cough, a fever of 39°C, and excessive sweating. Bacterioscopy of her sputum detected acid-fast bacteria [+]. Mantoux test with 2 tuberculin units resulted in a papule 21 mm in size. X-ray visualizes numerous symmetrically located focal shadows 1–2 mm in size in both lungs. The shadows are low-intensity and have blurry contours.

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- Chronic disseminated pulmonary tuberculosis
- Miliary pulmonary tuberculosis
- Sarcoidosis
- Focal tuberculosis
- Caseous pneumonia

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A 45-year-old patient complains of dry cough, hemoptysis, shortness of breath during physical exertion, general weakness, and excessive sweating.

Objectively, percussion detects dullness between the patient's shoulder blades on the right. Auscultation detects broncho-vesicular breathing and fine wet vesicular crackles in this area after coughing. Chest X-ray shows a non-homogeneously darkened upper pulmonary lobe with a clear lower contour and a ring-shaped lucency 2.5 cm in size at the level of the second rib. Blood test results: leukocytes —  $12.5 \cdot 10^9/L$  , ESR — 35 mm/hour.

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- Infiltrative tuberculosis
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A 30-year-old woman complains of subfebrile body temperature that persists for the last 3 weeks, loss of appetite and working ability, excessive sweating (especially at night), malaise. Objectively, her pulmonary percussion indicates no changes in the lungs, auscultation detects crackles in the projection of the upper lobe of the right lung. X-ray shows a dense focus of moderate intensity, 6 mm in diameter, in segment S2.

Make the provisional diagnosis:

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Make the provisional **diagnosis**:

- Community-acquired pneumonia
- Pulmonary tuberculoma
- Focal pulmonary tuberculosis
- Metastatic lung cancer
- Peripheral lung cancer

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Make the provisional **diagnosis**:

- Community-acquired pneumonia
- Pulmonary tuberculoma
- **Focal pulmonary tuberculosis**
- Metastatic lung cancer
- Peripheral lung cancer

A 58-year-old man, a heavy drinker and smoker, came to a hospital with complaints of constant coughing and shortness of breath. Lately, he has been losing weight. Objectively, his cervical lymph nodes are enlarged and dense, the tissues above them exhibit no tension. Chest X-ray shows fibrosis of an upper pulmonary lobe and left-sided pleurisy. The pleural fluid is straw-colored, with protein levels of 52 g/L and a high lymphocyte count. Malignant cells were not detected. Inoculation of the pleural fluid produced no microbial growth one week later.

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- Atypical pneumonia
- Pulmonary tuberculosis
- Systemic lupus erythematosus
- Bronchiectasis
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- Systemic lupus erythematosus
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Fluorography of a 45-year-old man detects a few foci of low intensity with blurred margins on the apex of his right lung. This sign is observed for the first time. The patient's condition causes him no discomfort. He has a many-year history of smoking.

Objectively, percussion produces a pulmonary sound above the lungs, the respiration is vesicular, auscultation detects no wheezing.

Blood test findings are normal.

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Make the diagnosis:

- Peripheral lung cancer
- Eosinophilic pneumonia
- Focal pulmonary tuberculosis
- Bronchopneumonia
- Disseminated pulmonary tuberculosis

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