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TB

- Treatment
  - Standard drug regimen
    - 6 months of isoniazid and rifampicin
    - Pyrazinamide and ethombuxol for first 2 months
  - Daily dosing as first choice
  - Thrice weekly regime for directly observed therapy
  - Risk factors for drug resistance
    - History of prior TB treatment
    - Contact with known case of drug resistant TB
    - Birth in foreign country
    - HIV infection
    - 25 - 44 years, male
- Clinical Features
  - Symptomless in majority of individuals
  - Occasional: vague illness, cough and wheeze
- World leading cause of death from infectious disease
  - Issues
    - Inadequate programme of disease control
    - Mulitple drug resistance
  - 2 million deaths a year
  - Asian sub continent and sub Saharan Africa
- Pathology
  - Initial Infection with mycobacterium
    - Usually sub pleural
    - Primary TB
    - Exudation and infiltration with neutrophils
    - Rapidly replaced by macrophages that ingest bacilli
    - Interaction with T-cells and Type 4 hypersensitivity (delayed)
  - Granulomas with necrosis
    - Lesions with central area of necrotic material (caseation)
  - Calcification
    - Caseated areas heal with calcification where bacilli lay dormant
  - Reactivation
    - Post primary pulmonary TB
    - Usually apex or upper zones
  - CXR
    - Consolidation
    - Cavitation
    - Fibrosis
    - Calcification