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Kausar Jabeen

Aga Khan University, kausar.jabeen@aku.edu

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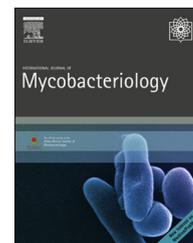


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Pulmonary infections after tuberculosis

Kausar Jabeen

Department of Pathology and Laboratory Medicine, Aga Khan University, Stadium Road, Karachi, Pakistan

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ABSTRACT

Aims and objective: Despite effective treatment of pulmonary tuberculosis (TB) patients, destruction of lung parenchyma may lead to complications including repeated infections. These infections are often misdiagnosed or wrongly identified as TB recurrence, and hence are not treated effectively. The frequency and severity of these infections vary with the extent of damage, and are much more prominent in patients with post-TB bronchiectasis and fibrocavitary diseases. This presentation will focus on the epidemiology, treatment, and management of post-TB infections and challenges, and the impact of these infections on public health in high-TB-burden countries.

Methods: Published literature and review articles were evaluated to address this objective.

Results: Apart from conventional agents of pneumonia, patients with post-TB bronchiectasis and post-TB fibrocavitary diseases are prone to develop chronic pulmonary aspergillosis and nontuberculous mycobacterial infections. A high burden of chronic pulmonary aspergillosis has been reported in TB-endemic countries. Similarly, prior TB increases the risk of acquiring nontuberculous mycobacterial infections. Diagnosis and management of chronic pulmonary aspergillosis and nontuberculous mycobacterial infections require expertise and high-level care.

Conclusion: Limited diagnostic and therapeutic capacities compounded by nonavailability of essential antimicrobials in most high-TB-burden countries pose great challenges to physicians involved in the management of these infections. These infections affect the overall outcome and lead to high cost for public health systems.

Conflict of interest

The author declare that they have no conflict of interest.

E-mail address: kausar.jabeen@aku.edu

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