

Case Report on Congenital Heart Disease with Miliary Tuberculosis

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Abstract

Background: Miliary tuberculosis is the widespread dissemination of *Mycobacterium tuberculosis*. It is the result of hematogenous dissemination and is characterized by extensive miliary mottling of lungs and involvement of the spleen, liver, and other tissues. It may be found as pulmonary type or septicemic type or meningitic type. Coarctation of the Aorta is a distinct narrowing or long segment hypoplasia of the aortic arch, usually distal to the subclavian artery. The narrow aortic lumen may exist as preductal or postductal obstruction which depends upon the position of the obstruction about the ductus arteriosus. The lesion obstructs blood flow through the aorta, resulting in increased pressure and effort of the left ventricle. **Patient presentation:** We are presenting an 8-year-old male child who visited the pediatric outpatient unit with the symptoms of fever, cough, and increased work of breathing, he was admitted to PICU. He was a known case of congenital heart disease. He was diagnosed to have congenital heart disease at the age of 3 years when he was admitted to the hospital due to the bluish coloration of his palms and soles. He had a fever (100 degrees F), cough, and increased work of breathing for 15 days during normal daily activities. The patient had undergone a 2-D Echo showing a parachute mitral valve. He was treated with antibiotics and maintained saturation on O₂ by CPAP. Symptoms such as Respiratory distress and cough are relieved after maintaining saturation O₂ and medications. **Conclusion:** Coarctation of the Aorta is typically present at birth (congenital heart defect). Mild to severe symptoms are possible. The illness might not be discovered until an adult. Coarctation of the Aorta frequently coexists with other congenital cardiac abnormalities. There are different methods employed for the treatment of CoA in adults, including surgical or percutaneous balloon angioplasty with or without stent placement, and medical therapy. Miliary Tuberculosis is one type of tuberculosis. This condition is rare in people with a normal immune system. It's more common in people whose immune system isn't working right. This is called being immunocompromised. Often your lungs, bone marrow, and liver are affected by miliary TB, but it can also spread to the lining of your heart, your spinal cord and brain, and other parts of your body. Treatment strategies in a patient with Miliary tuberculosis require the same treatment as Tuberculosis (Antibiotics).

Keywords: Miliary Tuberculosis, Coarctation of Aorta, Tachycardia.

INTRODUCTION

Coarctation of the Aorta is a congenital cardiac disease, Coarctation of the aorta (CoA) is a cardiac condition that obstructs the aorta's blood flow. Any location in the thoracic and abdominal aorta can experience CoA. The most typical position for CoA is where the ductus arteriosus joins the aorta, just distal to the left subclavian artery. (1) Eight cases of CHD are thought to be born out of every 1,000 live births worldwide [8].

Four per 10,000 live births is the estimated incidence of CoA, which accounts for 6-8% of all CHD [9]. Males are more likely to develop it than females. CoA is frequently linked to extra- and extra-cardiac abnormalities.

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How to cite this article: Samiksha Tamgadge, Sheetal Sakharkar, Roshan Umate, Case Report on Congenital Heart Disease with Miliary Tuberculosis, J PHARM NEGATIVE RESULTS 2022;13: 1038-1041.

Access this article online

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DOI:
10.47750/pnr.2022.13.03.164

Some of the common related cardiac anomalies include the bicuspid aortic valve, ventricular septal defect, patent ductus arteriosus, transposition of the major arteries, etc.(2)

Infection with microbial tuberculosis in children continues to be a serious health issue in underdeveloped nations. To describe the clinical characteristics of the illness, symptoms, lab results, concomitant infections, and prognoses of the 23 children with miliary TB. (3) The rate of undiagnosed cases has grown, the frequency of miliary tuberculosis cases has reduced, and the mean age of patients with the disease has increased over the previous 20 years. Although the clinical picture is vague, headache and abdominal pain point to meningeal and peritoneal involvement. (4)

CASE PRESENTATION

We are presenting an 8-year-old male child who visited the pediatric outpatient unit with the symptoms of fever, cough, and increased work of breathing, which was further diagnosed as Miliary tuberculosis after further investigation. The patient was weak and dizzy when admitted to PICU. The O₂ saturation was continuously maintained.

As narrated by the patient he had difficulty in breathing, cough, and fever for 15 days. The fever was not continued. The temperature rises in the evening time. Also, when he was 3 years old, he was diagnosed with congenital heart disease, but it was mild at that time.

On physical examination, everything was normal except while auscultation murmur sound was present. The clinical examination was taken. On laboratory examination, the blood test shows 10.7% gm Hb, increased TLC count to 29,800, increased Platelet count to 6.23 Lakh, increased CRP to 181, and 2-D Echo reveals Aorta and Arch positive, and the physician diagnosed congenital heart disease with Miliary Tuberculosis. He is a weak child.

He was treated with CPAP at 5 liter/min, Intravenous fluid Normal Saline, and Inj. Ceftriaxone 800 mg IV 12 hourly, Inj. Vancomycin 320 mg in 30 ml NS over 1 hr 6 hrly, Inj. Pan 20 mg IV 24 hourly, Inj. Lasix 8 mg in 5 ml NS over 15 min IV 12 hourly. Symptoms such as fever and increased work of breathing are relieved after administration of O₂ and medications. After treatment, the patient's condition improves. Symptoms such as fever, breathing difficulty, and cough are relieved after medications and oxygen administration.

DISCUSSION

CoA was viewed as a straightforward congenital anomaly with a surgical remedy. Long-term monitoring has revealed that many patients with corrected CoA have significant morbidity and early mortality. It is now evident that CoA is more complicated than a simple anatomical narrowing that can be treated with surgery or percutaneous dilatation.

Instead, CoA is a diffuse arteriopathy that manifests as hypertension, early cardiovascular disease, and aneurysmal disease due to extensive disturbance in arterial structure and function. Oxygen administration is given by CPAP to relieve breathing difficulty and Antitubercle is given to relieve cough. (5-15)

Fever was present in 17 cases, rales were present in 14, weight loss and appetite loss were present in 10 cases, and hepatosplenomegaly was present in 9 cases. Two instances had previously contracted the measles, and one of the patients had facial paralysis. There was also tuberculous meningitis in seven patients. Overall, the result was positive, but two cases did have fatalities. (16-21)

In 60% of cases with pulmonary TB and congenital heart defects throughout the 6-year research, cardiac surgery had to be postponed so that antituberculosis therapy could be finished. Patients with acyanotic and cyanotic high-flow lesions, as well as those with pulmonary stenosis, should be treated by doctors with a high index of suspicion for the development of pulmonary tuberculosis. (22-31)

Rana Olguntürk, F.Sedef Tunaoğlu, Levent Gökgöz, Leyla Memiş, and Serdar Kula et al reported after seeing clinical improvement, the patient had surgery. The tricuspid valve underwent ringplasty, and the atrial septal defect was repaired. Due to respiratory failure, he was unable to be extubated after the procedure. He experienced hypotension and a pneumothorax seven days after the operation, at which point he passed away. An autopsy revealed bilateral widespread pulmonary tuberculosis. This report seeks to highlight the link between congenital cardiac disease and tuberculosis. (32-37)

CONCLUSION

Coarctation Aorta, also known as coarctation of the aorta, is a congenital disorder in which the aorta is constricted, typically where the ductus arteriosus (ligament arteriosum following regression) enters. "Pressing or drawing together; narrowing" is what the word "coarctation" signifies. The aortic arch is where coarctations are most frequent. Treatment strategies in a patient with Coarctation of the Aorta require O₂ administration and antibiotics to improve the condition. A type of tuberculosis called miliary tuberculosis develops when Mycobacterium tuberculosis invades extrapulmonary organs like the liver, spleen, and kidneys. The process by which the germs travel from the pulmonary system to the lymphatic system and ultimately the bloodstream is well known, but it is not clear. Different strategies haven't produced a pleasing outcome for our patients yet.

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