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Mycobacterium Tuberculosis and COVID-19 Co-infection in a Man with Pleural Empyema: A Call for Surveillance

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ABSTRACT

Background: Despite the ongoing coronavirus disease-2019 (COVID-19) pandemic threatening to reverse the gains made in tuberculosis (TB) prevention and control, especially in the Sub-Saharan Africa (SSA) where the disease burden is high, there are paucity of reports of TB and COVID-19 co-infection in SSA. We described an unusual clinical presentation of TB and COVID-19 co-infection in order to mitigate missed diagnosis and promote high index of suspicion during the pandemic.

Methods: A case report of a Nigerian man managed at the Infectious Diseases/Tropical Medicine Unit of the University of Nigeria Teaching Hospital (UNTH) in May/June 2021.

Results: A 50-year-old man who presented with productive cough and exertional breathlessness of 2 months duration, with associated unintentional weight loss, anorexia and low-grade fever. Relevant investigations showed anaemia, lymphocytosis and elevated erythrocyte sedimentation rate (ESR). Chest radiograph revealed left lung collapse with loculated pleural effusion. Sputum and pleural fluid GeneXpert detected tuberculous bacilli while nasopharyngeal/oropharyngeal (NP/OP) swab real time polymerase chain reaction (RT-PCR) was positive for SARS-CoV-2. He was diagnosed with tuberculous empyema with COVID-19 co-infection and was admitted in the isolation centre of UNTH under strict infection prevention and control (IPC) guidelines. He was placed on anti-TB medications, anticoagulants, short-term low-dose corticosteroids, supplemental oxygen and chest tube thoracostomy drainage. After 21 days of hospitalization, he improved remarkably with resolution of most of the symptoms. Repeat NP/OP swab RT-PCR as negative for SARS-CoV-2. He was continued on anti-TB medications and chest physiotherapy.

Conclusions: This unusual case emphasizes the need for clinicians to maintain a high index of suspicion and stimulates a call for enhanced surveillance to promote early recognition and diagnosis of TB and COVID-19 co-infection in SSA.

Key words: COVID-19, tuberculosis, co-infection, surveillance, Nigeria, sub-Saharan Africa