

Diagnosis of Active TB

Proper diagnostic evaluation is essential before anticipating any treatment for active TB disease because the risk of unnecessary or inadequate treatment can lead to undue harm of the patient and encourage multidrug-resistant TB.

The diagnosis of active TB disease involves:

1. Clinical presentation
2. Radiographic evidence
3. Diagnostic microbiology

A diagnosis of TB (respiratory and non-respiratory) should ALWAYS result in an HIV test.

Respiratory TB

In Canada, respiratory TB includes primary TB, pulmonary TB, and tuberculous pleurisy (nonprimary) and TB of the intrathoracic lymph nodes, mediastinum, nasopharynx, nose (septum) and sinus (any nasal). Pulmonary TB refers to TB of the lungs and conducting airways, which includes tuberculous fibrosis of the lung, tuberculous bronchiectasis, tuberculous pneumonia, tuberculous pneumothorax, isolated tracheal or bronchial TB, and tuberculous laryngitis.

Clinical Presentation

TB disease can cause systemic manifestations or more specific symptoms depending on the organ affected by the disease. Pulmonary TB disease can cause one or more of the following symptoms.

Table 6.2: Symptoms of Pulmonary TB Disease

Symptoms of Pulmonary TB Disease
<ul style="list-style-type: none">• Cough lasting at least 2 weeks duration (i.e. dry at first then becomes productive)• Fever• Night sweats• Fatigue• Coughing up blood (i.e. hemoptysis)• Loss of appetite (i.e. anorexia)• Unexplained weight loss• Chest pain (pleurisy)