

Anti-TNF α and agranulomatous tuberculous manifestations: more diagnostic dilemma

Dear Editor,

I read with interest the case report by Verhave *et al.* and the accompanying editorial on the use of antitumour necrosis factor α (anti-TNF α) and resultant tuberculosis published in a recent issue of the journal.^{1,2} Among its many other functions, anti-TNF α inhibits the action of TNF α , which is required for macrophages to phagocytose *Mycobacterium* and stimulate granuloma formation to control the infection. Tuberculous manifestations without granuloma formations have been shown to be common among reported cases of patients treated with infliximab.³ Such manifestation is certainly a new aspect of the already varied manifestations of tuberculosis (TB) infections. For clinicians working in regions where TB remains common, this will certainly pose a major challenge and cause for concern for those who are unaware of this association. In our local setting, we are so used to seeing granulomatous manifestations and we rely heavily on their presence, with or without caseation, to make a diagnosis of TB infection, at times even just based on the presence of granuloma alone. In our experience, the yield of isolating the *Mycobacterium* on histology is only achieved at best in 50% and tissue cultures are not usually done due to initial lack of suspicion at the time of investigations, compounded by nonviability of tissue after being placed in formalin.^{4,5} With the increasing use anti-TNF α agents as in our setting,

these cases certainly highlight the importance of clinical suspicion in patients using anti-TNF α and the performance of tissue culture. It also highlights the dawn of a new type of manifestation that further compounds to the dilemma of diagnosing TB infections.

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