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**Title: Chest wall tuberculosis: Surgical or Medical Entity**

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**Abstract:**

**Background:**

Tuberculosis, is a common and potentially lethal infectious disease caused by various strains of mycobacteria, usually Mycobacterium tuberculosis in humans. Tuberculosis usually attacks the lungs but can also affect other parts of the body. It is spread through the air when people who have an active MTB infection cough, sneeze, or otherwise transmit their saliva through the air.

Extrapulmonary tuberculosis constitutes 15-20% of cases of tuberculosis (TB). Chest wall tuberculosis is a common cause of destructive rib lesions and often has a delay in diagnosis. Recurrence rate is high after medical treatment as a single mode of therapy. The aim of this study was to assess the approach to chest wall tuberculosis in cases presenting with chest wall mass or fistula in six patients during three years in Northeast of Iran.

**Patients and material:**

The symptoms and signs of the patients, previous history of TB, location of the chest wall lesion, results of the aspirates, chest X-rays, CT Scan of lung, biopsy and culture results were the aspects which considered as diagnostic tools. The effect of anti-TB regiments and surgery as part of diagnosis or treatment were noticed.

**Results:**

Among the patients, %83.3 were originally from southeastern province of Iran. Positive history of lung TB was in 33.3%, one had concomitant active lung TB under 4-drugs anti TB therapy. Cold abscess case in 50% and chest wall fistula in 16.6% were the presenting signs and symptoms. All results of the aspirates for B/K smear were negative. Culture result was positive only in one patient after 40 days. The definite diagnosis was according to pathologic results of surgical biopsy in all cases.

**Conclusion:**

Surgery is the crucial part of diagnosis and treatment in cases of chest wall tuberculosis and should be accompanied by a period of anti-tuberculosis drugs.

**Tuberculosis, Chest wall, Surgery**

**Presentation: Poster**