

# Review of: "[Case Report] Challenging Detection of Latent Tuberculosis in a Patient Undergoing High-Dose Corticosteroid Therapy for Acute Hemolytic Anemia and Rhupus Arthropathy"

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Potential competing interests: No potential competing interests to declare.

The author of this article shared the experience and enlightenment of the diagnosis and treatment of a patient with a previous history of rheumatoid arthritis/systemic lupus erythematosus (RA/SLE) overlapping syndrome and severe hemolytic anemia, which has certain clinical value.

Patients with systemic autoimmune diseases (SAD) are at high risk of Mycobacterium tuberculosis infection, especially in economically underdeveloped areas with a high incidence of TB. Patients with SAD receive long-term treatment with hormones and immunosuppressants, resulting in clinical symptoms of Mycobacterium tuberculosis infection are often atypical and easy to ignore. When patients with SAD progress or become severe in the disease, it is necessary to increase the dose of cortisol drugs or immunosuppressive drugs, resulting in the original immune balance being broken, resulting in the activation and proliferation of latent Mycobacterium tuberculosis, which is easy to lead to the recurrence of tuberculosis, which is a common clinical problem. These patients are not easily diagnosed with TB infection, and PCR testing of bronchoalveolar lavage fluid samples is a good method for diagnosing tuberculosis.

Other minor errors have been pointed out by other peer reviewers and will not be repeated here. It is recommended that the authors highlight the value of PCR testing of bronchoalveolar lavage fluid samples in patients with high imaging suspicion of tuberculosis and IGRA-negative.

Please provide lung imaging data of prior to treatment with high- dose cortisol.