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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The clinical case draws attention to the risk of active tuberculosis in patients with autoimmune diseases who require prolonged immunosuppressive therapy or biologic therapy such as TNF-a inhibitors. Of course, international and national guidelines for these patients provide for initial screening for the presence of latent TB infection (LTBI) and prophylactic therapy with isoniazid, usually for 6 months. As the authors have also shown, this status is not always known from the beginning and the timing of chemoprophylaxis is lost. A good point made by the author is that TST and IGRAS can be false negatives with prolonged immunosuppressive therapy. In my opinion, the CT -scan of the chest is rarely useful to support the diagnosis of LTBI when the TST and IGRA tests are negative. In addition, pulmonary manifestations such as nodules, fibrosis, or adenopathies can occur with connective tissue disease. I agree that in areas of high TB endemicity, prophylactic treatment can be given to these patients even if TST and IGRA are negative and active disease is definitely ruled out.Another comment I would like to add about this case is the critical importance of bacteriological testing for Myc tuberculosis (smear, GeneXpert TB Rif, liquid and solid culture) to support a positive diagnosis of active tuberculosis. The present case had a picture suggestive of pneumonia rather than secondary TB (post-primary TB). Immediate initiation of HRZE therapy plays an important role in curing patients and preventing complications (locoregional spread, dissemination, or death). In my opinion, medical education of patients also plays an important role so that if they experience symptoms suggestive of tuberculosis, they must present to their physician immediately. Controlling infections associated with medical practice in hospitals or outpatient settings is important. I emphasize that patients with LTBI are not contagious; on the other hand, patients with positive smears for acid-fast bacilli are highly contagious and must be isolated.