ABSTRACT

Title of the Abstract: To determine the clinical and laboratory risk predictors of paradoxical reaction in a cohort of patients with Tuberculous lymphadenitis.

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Objectives:

1. To determine the proportion of patients with tuberculous lymphadenitis developing paradoxical worsening

2. To describe the clinical profile of patients with tuberculous lymphadenitis developing paradoxical worsening

3. To identify possible clinical and laboratory risk factors for development of paradoxical reactions in a cohort of patients with tuberculous lymphadenitis.

Methods:

We recruited consecutive patients above the age of 15 years, who presented with tuberculous lymphadenitis to outpatient and inpatient departments into two arms: incident arm and Paradoxical Worsening/Reaction(PR) arm. These patients were clinically assessed for lymph node size, number and clinical features of inflammation along with
laboratory assessment which included hemoglobin, absolute lymphocyte count, ESR and CRP. Subsequently patients were followed by at 2 months and end of treatment. Incident cohort was used to determine the incidence of paradoxical worsening. PR cohort was used to describe the clinical, laboratory, microbiological and histopathological characteristics.

**Results:**

This prospective study identified that the incidence of PR was 5.71%. Patients with clinical features of paradoxical worsening had negative smear and culture suggesting an aberrant host response rather than drug resistance. Apart from presence of necrosis at baseline we did not find any other clinical or laboratory or histopathological variable which had a correlation with the occurrence of paradoxical worsening. However, that could be attributed to the small number of events which occurred in our cohort. Our patients seem to respond better to surgical debridement rather than medical therapy.