

TUBERKULOSIS MILIER

Astuti Setyawati, Harsini

Bagian Pulmonologi dan Kedokteran Respirasi Fakultas Kedokteran
Universitas Sebelas Maret RS Dr. Moewardi Surakarta

Abstrak

Tuberkulosis milier merupakan kelainan patologis berupa granuloma berukuran 1-2 mm, yang disebabkan penyebaran *Mycobacterium tuberculosis* secara hematogen dan limfogen di organ paru atau ekstraparu. Tuberkulosis milier menurut WHO diklasifikasikan ke dalam TB paru karena didapatkan lesi di paru. Organ tubuh yang paling sering terjadi penyebaran TB milier adalah organ yang mempunyai banyak sel fagosit di dinding sinusoid. Faktor risiko TB milier antara lain keganasan, transplantasi organ, penyakit HIV, malnutrisi, diabetes, silikosis, penyakit ginjal *endstage*, bedah mayor, alkoholisme, kehamilan, dan obat immunosupresi. Tuberkulosis milier dapat terjadi pada saat infeksi TB primer, atau reaktivasi TB laten. Reaktivasi dan penyebaran TB milier terjadi karena adanya defek pada sel makrofag, sel natural killer (NK), sel limfosit T γ/δ , serta adanya gangguan ekspansi sel limfosit T γ/δ . TB milier banyak ditemukan pada pasien HIV karena terjadi penurunan sel limfosit T CD4+ menyebabkan penurunan produksi IFN- γ dan IL-2 sehingga terjadi penyebaran TB secara milier. Gejala TB milier umumnya tidak spesifik dan didominasi keluhan sistemik disertai gejala lain tergantung pada organ yang terinfeksi TB. Kriteria diagnosis TB milier berdasarkan gambaran klinis TB, rontgen toraks menunjukkan pola milier, lesi retikulonoduler bilateral difus pada rontgen toraks ataupun HRCT *scan* toraks, dan dibuktikan dengan pemeriksaan mikrobiologi dan histopatologi TB. Terapi TB milier diberikan OAT dengan regimen 2RHZE/4RH, pada meningitis TB dan TB tulang terapi OAT diberikan 9-12 bulan. Kortikosteroid dapat diberikan pada meningitis TB.

MILIARY TUBERCULOSIS

Astuti Setyawati, Harsini

Pulmonology and Respiratory Medicine Department

Medical Faculty of Sebelas Maret University / Dr. Moewardi General Hospital

Abstract

Miliary tuberculosis is a form of granuloma pathology measuring 1-2 mm, which is caused by the spread of *Mycobacterium tuberculosis* through blood and lymph in pulmonary or extrapulmonary organs. The WHO classified miliary tuberculosis into pulmonary TB because the lesions found in the lungs. Miliary TB occurs organ that has many phagocytic cells in the walls of the sinusoid. The risk factors of miliary TB are malignancies, organ transplants, HIV disease, malnutrition, diabetes, silicosis, end-stage renal disease, major surgery, alcoholism, pregnancy, and drug immunosuppression. Miliary tuberculosis can occur primarily in TB infection or reactivation of latent TB. Reactivation and spread of miliary TB occurred due to a defect in macrophage cells, natural killer cells (NK), T lymphocytes γ / δ , and disruption of lymphocyte cell expansion $T\gamma / \delta$. Miliary TB are found in patients with HIV due to a decline in CD4 + T lymphocytes cause a decrease in the production of IFN- γ and IL-2 resulting in the spread of miliary TB. The symptoms of miliary TB are generally non-specific and dominated by the systemic complaints accompanied by other symptoms depending on the infected organ. The criteria diagnosis of miliary TB are clinical TB, the chest X-ray shows a miliary pattern, reticulonodular bilateral diffuse lesions on the chest X-ray or HRCT scan of the thorax, and proven TB by microbiological and histopathology examination. The treatment of miliary TB is the first category of antituberculosis drug. Bone and meningitis TB are given antituberculosis drug during 9-12 months. Adjuvant corticosteroid is recommended to TB meningitis treatment.