

A Successful Case of Disseminated Tuberculosis Treated in Collaboration Between Private and Government Practice

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Introduction

Disseminated tuberculosis (TB) remains a significant public health challenge in Malaysia, despite ongoing interventions by the Ministry of Health. Effective treatment is paramount not only for complete patient recovery but also to mitigate the emergence of drug-resistant strains and prevent further community transmission. This case report aims to underscore the critical significance of collaborative efforts between private and public healthcare sectors in the comprehensive management and control of disseminated tuberculosis, highlighting how such partnerships are crucial for achieving optimal patient outcomes and strengthening public health responses.

Case Report

A patient presented to a private hospital in Melaka in January 2023 with a constellation of non-specific symptoms including recurrent fever, loss of appetite, weight loss, night sweats, pleuritic chest pain, and crampy abdominal pain. Initial investigations, including a CT scan, revealed evidence of disseminated tuberculosis affecting the pleura, intestines, and intra-abdominal lymph nodes. While sputum smear microscopy was negative for acid-fast bacilli, a positive MTB QuantiFERON-TB Gold (IGRA) test strongly supported the diagnosis. Anti-tuberculosis therapy began on February 1, 2023. For continuity of care and comprehensive management, the patient was subsequently referred to public primary care facilities (Durian Tunggal Health Clinic and Seri Kembangan Health Clinic, Selangor). Throughout the treatment course, the patient received consistent follow-up and emotional support. All family members underwent contact screening in primary care. The patient responded favorably to treatment, with significant resolution of the initial symptoms. However, a follow-up CT thorax, abdomen, and pelvis (CT TAP) in October 2023, after nine months of treatment, demonstrated persistent large matted mesenteric lymphadenopathy. This prompted a referral to a tertiary chest clinic and subsequently to a private hospital in November 2023 due to concerns of underlying malignancy or lymphoma. A diagnostic laparoscopy was performed, during which a mesenteric lymph node biopsy was obtained. Histopathological examination of both the appendix (which was thickened and inflamed) and the mesenteric nodes revealed chronic granulomatous inflammation, highly suggestive of tuberculosis or atypical mycobacterium infection. PCR testing confirmed the presence of tuberculosis DNA, while the peritoneal biopsy was negative for acid-fast bacilli. The patient continued follow-up at the chest clinic of General Hospital Melaka and successfully completed the full anti-tuberculosis therapy in February 2024, including 314 days of maintenance phase treatment. This case vividly illustrates that disseminated tuberculosis continues to be a prevalent communicable disease in Malaysia. It reaffirms the imperative for effective treatment to ensure not only patient recovery but also to curb drug resistance and community spread. The experience highlights that comprehensive screening of all close contacts of tuberculosis cases, irrespective of smear status, remains a valuable strategy, yielding significant detection rates. Crucially, this case underscores the indispensable need for integrated care and seamless communication between private and government healthcare providers. As the private medical sector in Malaysia expands, establishing robust collaborative frameworks between these entities and public health institutions is essential for enhancing overall healthcare delivery and strengthening disease control efforts nationwide.

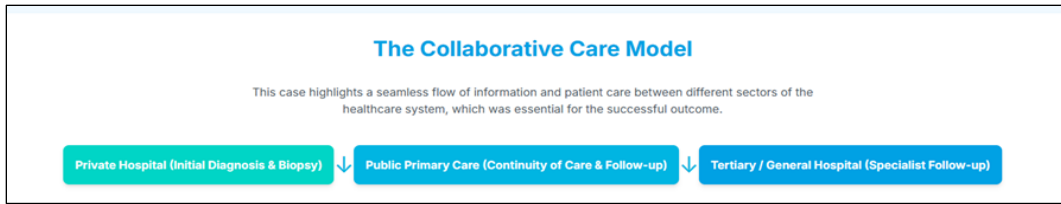


Figure 1. The collaborative care model

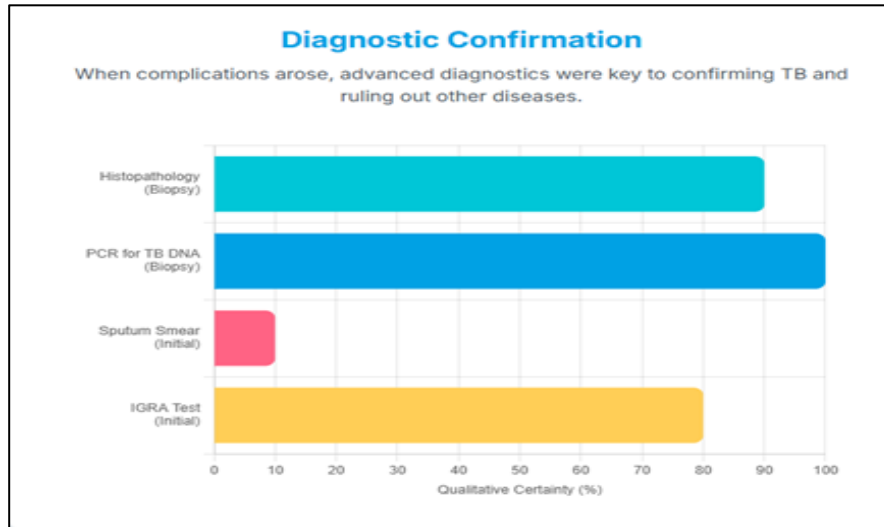


Figure 2. Diagnostic confirmation

Keywords: Disseminated tuberculosis, government private practise

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