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Miliary Pattern: Two Different Cases

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Introduction: Miliary lung pattern is a condition that can be seen in many diseases. It is more common in immunosuppressed patients. In addition to mycobacteria, fungi, and some viral infections, some certain cancers, especially thyroid carcinoma, may cause miliary pattern with lymphohematogenic dissemination. Miliary metastasis of lung cancers is rare and mortality is high. Here, we aimed to present the cases of miliary tuberculosis who under TNF-α therapy and lymphohematogenous metastasis of primary lung adenocarcinoma with similar militer pattern.

Case Presentation 1: A 57-year-old male patient presented with increasing dyspnea, weakness and weight loss for the last month. He had 20 years of smoking history and there was not any signs of any disease except from thyroid nodules. There was a miliary pattern and pleural effusion in the PA chest X-ray. The test therapeutic antituberculosis treatment was started to the patient. There wasn't any sign of recover in a week of the treatment. CT-F 1 positive lung adenocarcinoma metastasis was detected in pleural fluid cytology. The patient was followed-up in the intensive care unit due to respiratory failure and died in a short follow up.

Case Presentation 2: A 52-year-old male patient was using TNF-α for psoriasis. She presented with complaints of night sweats, weakness, weight loss, and increased sputum. There were micromilimetric nodules in PA chest X-ray and HRCT. The PPD test was negative. ARB and LJ culture were positive in the sputum culture. The patient was considered as miliary tuberculosis. Treatment with TNF-α was stopped and a clinical and radiological recovery was observed after antituberculosis treatment.

Conclusion: As a result, when miliary pattern is detected on chest X-ray, lymphohematogenous metastasis of malignant diseases should be considered in addition to tuberculosis.

Keywords: Adenocarcinoma, miliary pattern, tuberculosis, lung cancer, immunosupression