LETTER TO EDITOR

Response: Disseminated tuberculosis

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Lymphopaenia is described among patients with tuberculosis. The lymphocyte count for the patient in our publication prior to treatment was 0.8 (1–2 × 10^16 ml). At the time of writing, he is still receiving his anti-tuberculous treatment and his last measured lymphopaenia is 1.2.

We found lymphopenia to be the most common haematological abnormality in 20 random culture-positive tuberculosis patients. After completion of treatment, their lymphocyte count recovered, although not always to normal. We defined one mechanism of lymphopenia in tuberculosis as T-cell death induced after exposure to Mycobacterium tuberculosis (Mtb)-infected macrophages; although sequestration of T cells in the inflamed lung may be another. Mtb-infected macrophages are toxic and we previously reported how Mtb-infected macrophages not only die but also kill bystander macrophages. These data demonstrate that tuberculosis-associated lymphopenia may be an effect of Mtb infection, yet, as mentioned, lymphopenia could also be a cause for reactivation of tuberculosis. We appreciate the provided epidemiology reference that associates lymphopenia and tuberculosis, but we submit that no causal relationship has been demonstrated.

Conflict of interest: None declared.

References