

Type of Disease	Symptoms/signs	Diagnosis	Complications
TB in general	Fever (up to 80% patients), loss of appetite, weight loss, night sweats, lethargy	Tuberculin skin test (but may be negative early, in disseminated disease or if immunocompromised) Chest x-ray Microscopy, culture or histology of relevant tissue/body fluid	
Primary infection	Usually symptomless or mild illness resolving spontaneously Erythema nodosum	Tuberculin skin test Chest x-ray	Pressure on bronchi causing cough, wheeze, lung collapse Caseation/rupture of parabronchial or paratracheal nodes
Pulmonary (lung)	Cough, sputum (usually purulent, sometimes blood-streaked) Aching or pleuritic chest pain	Chest x-ray (abnormal in nearly all cases) Sputum microscopy/culture Pleural biopsy	Pleural effusion Haemorrhage from the lungs TB empyema or discharging sinus
Lymph nodes, e.g. neck, groin, mediastinum	Usually painless, slowly enlarging nodes, often bilateral Mediastinum: cough	Microscopy/culture of aspirated pus or biopsy material	Abscess, rupture with resulting discharging sinus Mediastinal nodes may erode trachea, bronchi or major blood vessels.
Orthopaedic (bone/joint), most commonly spine (Pott's disease), also knee, ankle, hip, any other bone or multiple sites	Back pain, local tenderness, rarely nerve root pain, kyphosis with or without paraparesis or paraplegia Pain in relevant bone/joint	X-ray Biopsy	Psoas abscess Abscess of long bones extending into joints Permanent damage to joints
Abdominal	Intestinal tract: diarrhoea, abdominal pain, rapid weight loss Peritoneal: chronic recurrent abdominal pain, bowel irregularity, abdominal swelling	X-ray Biopsy Peritoneal aspiration/biopsy	Bowel obstruction
Pericarditis (Heart) ('dry' or with pericardial effusion)	Chest pain, shortness of breath, pericardial rub	X-ray, pericardial aspiration/biopsy	Heart failure

Genito-urinary (kidney, ureter, bladder)	Kidney may be symptomless for years; loin pain, back ache Frequency, dysuria, haematuria (usually microscopic though may be frank) Ureteric colic Haematuria/pyuria with sterile urine on routine culture	X-ray Microscopy/culture of early morning urine Cystoscopy and biopsy	Cold abscess Chronic renal insufficiency Hydronephrosis due to ureteric obstruction Ulceration/fibrosis and/or shrinkage of bladder
TB meningitis Tuberculoma	Headache, nausea and vomiting, drowsiness, irritability, behavioural change, epilepsy, altered consciousness	X-ray Microscopy/culture of CSF	Permanent neurological deficit
Disseminated (miliary)	Dry cough, breathlessness Choroidal tubercles	Chest x-ray (but may be normal) Microscopy/culture of sputum, urine, blood, pleural fluid etc Microscopy/culture/histology of biopsy material, e.g. liver, lymph node, bone marrow, bronchoscopic lung biopsy	Pleural effusion(s) Organ failure
Skin (lupus vulgaris).	Ulcerating granulomas of the skin, usually face	Microscopy/culture of discharge or biopsy material	
Larynx	Hoarseness of voice Pain Dysphagia	Sputum microscopy Laryngoscopy/biopsy	Usually associated with advanced pulmonary TB

Open / Active TB – TB may become active in about 10% of people who are infected. Usually in the elderly, those with low immunity (drugs, HIV, leukaemia, diabetes) or malnutrition. It is infectious (more easily transferred if prolonged or close contact). Must be smear positive or have positive cultures. Usually have the '*classical symptoms*'. Stop being infective after 14 days of anti-TB treatment.