

## CASE REPORT:

# UROGENITAL TUBERCULOSIS PRESENTING AS IGA NEPHROPATHY AND RECURRENT CULTURE- NEGATIVE URINARY TRACT INFECTIONS

Kon Ken Wong<sup>1</sup>, Chuan Hun Ding<sup>1</sup>, Zaili Zaki<sup>1</sup>, Najihan Abdul Samat Muttaqillah<sup>1</sup>,  
Yin Ping Wong<sup>2</sup> and Ping Foo Wong<sup>3</sup>

<sup>1</sup>Department of Medical Microbiology and Immunology, <sup>2</sup>Department of Pathology, Faculty of Medicine, Universiti Kebangsaan Malaysia, Kuala Lumpur; <sup>3</sup>Cheras Baru Health Clinic, Health Department of Federal Territory of Kuala Lumpur and Putrajaya, Malaysia

**Abstract.** Tuberculosis is a public health problem that can cause extrapulmonary infections, including urogenital infections. We report here the case of a 29-year-old female with a 2-year history of dysuria and hematuria treated with multiple courses of antibiotics with urine cultures all negative. She was then diagnosed with IgA nephropathy based on a renal biopsy showing focal segmental glomerulosclerosis and mesangial IgA deposits without granulomata. A polymerase chain reaction (PCR) for urinary tuberculosis was positive for *Mycobacterium tuberculosis* complex. A chest radiograph was normal. The patient was treated with isoniazid, rifampicin, pyrazinamide and ethambutol for 2 months, followed by isoniazid and rifampicin for an additional 4 months. The patient responded well to treatment and her symptoms resolved completely. Urogenital tuberculosis should be considered in the patient who presents with dysuria and hematuria whose symptoms fail to improve with routine antimicrobials and who has a routine urine cultures failing to show infection.

**Keywords:** IgA nephropathy, *Mycobacterium tuberculosis*, tuberculosis, urogenital

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Correspondence: Dr Ding Chuan Hun, Department of Medical Microbiology and Immunology, Pre-clinical Building, Faculty of Medicine, Universiti Kebangsaan Malaysia, Jalan Yaacob Latif, Bandar Tun Razak, 56000 Cheras, Kuala Lumpur, Malaysia.

Tel: +603 9145 9531

Email: dingch@ppukm.ukm.edu.my