Post-pulmonary tuberculosis complications in South Africa and a potential link with pulmonary hypertension: Premise for clinical and scientific investigations

To the Editor: The magnitude of the pulmonary tuberculosis (TB) epidemic in South Africa (SA) and globally\(^1\) has received increased attention. Efforts have been made to explore new and improved diagnostic\(^6\) and treatment strategies,\(^7\) but the story does not end with treatment, and TB frequently results in long-term lung damage. This may include chronic airflow obstruction, reduced lung function (forced vital capacity) and destruction of the pulmonary vascular bed in cases of advanced lung disease.\(^8,9\) This destruction of the vascular bed is attributed to parenchymal abnormalities that lead to reduced cross-sectional area of the pulmonary vasculature.\(^8\)

We highlight the fact that long-term complications of advanced destruction of the pulmonary vasculature may occur in the absence of significant parenchymal damage, and that this is another post-TB complication that remains largely unexplored. Few previous reports of significant parenchymal damage, and that this is another post-TB destruction of the pulmonary vasculature may occur in the absence of radiological changes.\(^9,10\) This destruction of the vascular bed is attributed to parenchymal abnormalities that lead to reduced cross-sectional area of the pulmonary vasculature.\(^8\)

We therefore propose that a discordance may exist between our clinical reality and the literature on post-TB pulmonary vascular disease and PHT. Although a proportion of patients with current TB do present with PHT,\(^7,8,10\) the strength of this association remains largely undefined.\(^9,10\) In addition, the prevalence of PHT among individuals who have been treated for pulmonary TB but who have minimal fibrotic parenchymal disease is also not known. We have noticed a paucity of literature listing TB as a potential cause of pulmonary vascular disease, or demonstrating an association between TB and PHT. Furthermore, the literature and PHT guideline documents rarely mention TB among the list of causes of group 3 PHT.\(^11\)

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