



Incidentally Discovered Tuberculosis in a Korean Patient with Salmonella Bacteremia

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Letter to the Editor:

Guo and Liu reported an interesting case of a woman who presented with *Salmonella enterica* serovar typhi bacteremia and was also concurrently diagnosed with pulmonary tuberculosis [1]. Readers of this report may appreciate two additional perspectives beyond those discussed by the authors. First, humans are the only reservoir for *S. enterica* serotype typhi; all disease results from human shedding of the bacterium and it is not endemic in the U.S [2]. Because the patient was a Korean resident 30 years ago when it was endemic there [3], it is most likely that she acquired the infection prior to immigration to the U.S., and the reported infection arose from a chronic carrier state. The source of carriage is usually the gallbladder, which was not mentioned in the report, but could have been the source of seeding the urinary tract. Second, as was recently reported [4], the juxtaposition of Hickam's dictum and Ockham's razor as conflicting clinical maxims oversimplifies their application to the diagnostic process. Multiple diseases in the same patient are commonplace, and concurrent diagnosis must consider timing of symptoms, probability, and causal connections between diseases in addition to the much rarer situation where two independent diseases present with nearly simultaneous symptoms [4]. The only plausible causal connection between *Salmonella* and tuberculosis in the case reported is that they were probably both acquired in Korea – a common cause that would seem to satisfy Ockham's razor. But because the symptoms the patient sought care for are directly attributable to *Salmonella* bacteremia, the tuberculosis infection likely represents a chronic infection, or an incidentaloma, albeit a consequential one. Within a framework that considers symptom timing as a non-arbitrary marker of disease onset, physicians are alerted to the omnipresent possibility of discovering asymptomatic diseases such as incidentalomas if causal connections between two diseases discovered concurrently cannot be made. This framework obviates the impossible task of discerning which of two allegedly conflicting clinical axioms – Hickam's dictum or Ockham's razor – applies in a given case, since diagnosticians can never know, a priori, which one to invoke. In the final analysis, this patient had chronic, asymptomatic tuberculosis reactivation, which was accidentally discovered during her acute illness with *Salmonella*, both of which were acquired remotely in Korea.

References

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