# THE HIDDEN CULPRIT: PULMONARY TB COMPLICATING THE DIAGNOSIS AND TREATMENT OF ANTI-SRP IMMUNE MYOPATHY

*Dr.Thuslim Banu K MD DM Resident,Prof Dr. Murugan MD DM (HOD of dept of neurology MMC)*

*Prof Dr. Justin MD DM , Asst prof Dr.D. Chezian , Dr. Venkateswaran K.J ,Department of Neurology, Madurai Medical College*

**Background:**

Anti-SRP IMNM is a **rare, rapidly progressive autoimmune myopathy**.

Presents with **severe proximal weakness** and **marked CK elevation**.

Muscle biopsy shows **necrosis with scant inflammation**.

Frequently **refractory to conventional immunosuppression**.

**Aim:**

To report a **rare co-occurrence** of anti-SRP IMNM with **active pulmonary tuberculosis**.

To highlight the **diagnostic overlap** and **treatment dilemma** in TB-endemic settings.

To discuss strategies for **safe immunosuppression while controlling infection**.

**Methodology:**

Young female with **8 months** of rapidly progressive **proximal > distal weakness** (neck/trunk involvement; **MRC 42**).

**Very high CK** and **anti-SRP positivity** confirmed **IMNM**.

**Infection screening** done prior to immunosuppression.

Treated with **high-dose IV steroids → IVIG → immunosuppressants**, but **minimal improvement**.

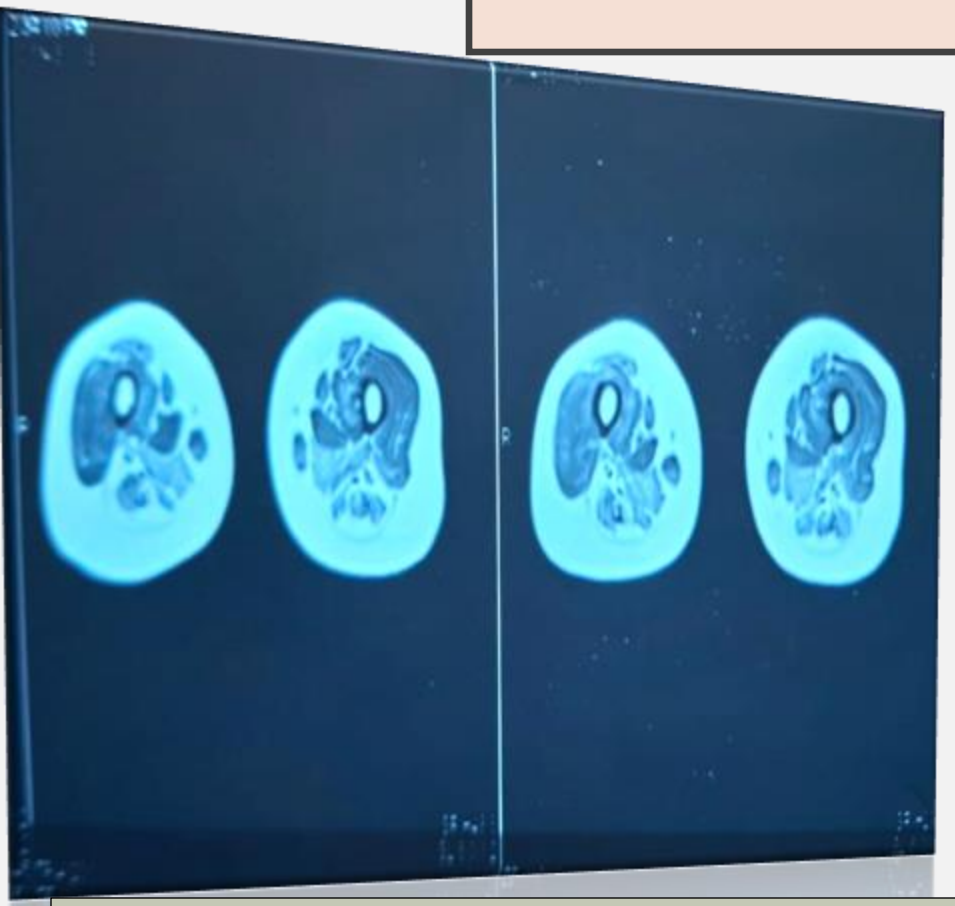
**Re-evaluation revealed active pulmonary TB**.

**ATT started**, and **monthly IVIG** continued as a safer interim therapy.

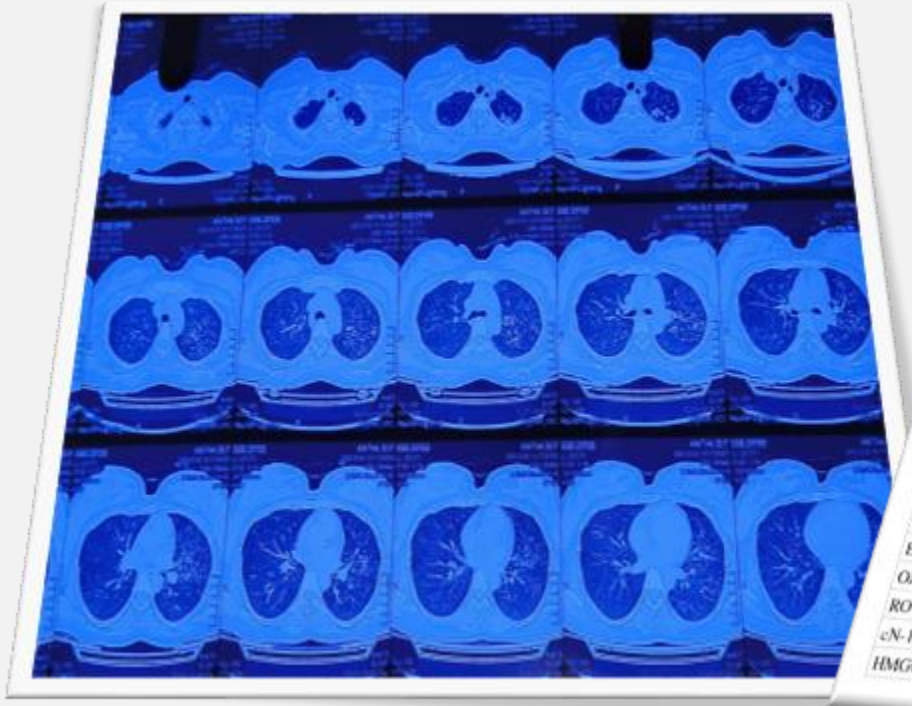
Patient later developed **dysphagia, dyspnea, palpitations**, and further **weakness progression**.

**PLEX (5 cycles)** was initiated **along with ongoing ATT**, resulting in **notable clinical recovery**.

# IMAGING & RESULTS



Muscle MRI : Edema and infiltration noted in hip extensors , posterior compartment of thigh and leg in T2w images .



CT chest : Left UL apical segment infiltration .

| | |
|---|---|
| MRN | EXT1202511414 |
| Name | ANITHA |
| Age / Sex | 30 Y/FEMALE |
| Sample No | AU1501250034 |
| Lab Reference No | XAU-425 |
| Consulting Doctor | DR VENKATESWARAN |

| Test Name | Res |
|---|---|
| MYOSITIS PROFILE | |
| Mi-2a | Negative. |
| Mi-2b | Negative. |
| TIF1r | Negative. |
| MDA5 | Negative. |
| NXP2 | Negative. |
| SAE1 | Negative. |
| Ku | Negative. |
| PM-Scl100 | Negative. |
| PM-Scl75 | Negative. |
| JO-1 | Negative. |
| SRP | 3+ Strongly Positive. |
| PL-7 | Negative. |
| PL-12 | Negative. |
| EJ | Negative. |
| OJ | Negative. |
| RO-52 | 3+ Strongly Positive. |
| cN-1A | Negative. |
| HMGCR | Negative. |

Sputum Ab : Positive
BAL : Negative

- **Results:**
- **Minimal response** to initial **high-dose IV steroids**.
- **IVIG + immunosuppressants** started, but **active pulmonary TB** was subsequently detected.
- **ATT initiated**, and **monthly IVIG (×4 cycles)** continued.
- Patient developed **worsening proximal weakness** with **dysphagia, dyspnea, and palpitations**.
- **PLEX (×5 cycles)** given **along with ATT**, resulting in:
  - Improved bulbar and respiratory symptoms
  - **MRC sum score improved from 42 → 48**

**Discussion:**

**IMNM with anti-SRP** is aggressive and often **refractory** to standard therapy.
**Coexistence with active pulmonary TB is extremely rare**, complicating diagnosis and treatment.
**Immunosuppression risks worsening TB**, creating a **therapeutic dilemma**.
**IVIG and PLEX** served as effective **bridging therapies** while TB was treated.
Highlights the need for **individualized treatment**, especially in **TB-endemic regions**.

**Conclusion:**

Anti-SRP IMNM may **coexist with pulmonary TB**, masking clinical response.
**Routine TB screening** is essential **before** initiating immunosuppression.
**IVIG and PLEX** can provide **safe disease control** when full immunosuppression is contraindicated.
**Balanced immunotherapy + infection control** is key to optimal outcomes.

References:
1. Allenbach Y, Mammen AL, Benveniste O, Stenzel W. Immune-mediated necrotizing myopathies: clinical features and pathogenesis. Nat Rev Rheumatol. 2020;16(12):689-701.
2.Christopher-Stine L. Therapeutic challenges in necrotizing autoimmune myopathy. Rheum Dis Clin North Am. 2018;44(1):99-114.
3. Sharma R, Gupta A. Active tuberculosis complicating immunosuppressive therapy in inflammatory myopathies: a management dilemma. Neurol India. 2021;69(4):1072-1074.