A 58-year-old immunocompetent man presented with a 6-month history of cough, fever and swelling of the upper chest wall. Computed tomography showed involvement of the clavicle, sternum, lungs, pleura and pericardium. Transbronchial biopsy of the lungs, and surgical debridement with partial resection of the manubrium revealed infection with *Mycobacterium tuberculosis* (Figs. 1 and 2).

**Fig. 1.** Computed tomography of the thorax: (A) coronal reconstruction depicting bilateral involvement of the lungs, with multiple small, centrilobular nodules connected to linear branching opacities. This so-called tree-in-bud appearance is typically seen in post-primary tuberculosis. (B) Chronic calcifying pericarditis (arrow). (C) Pleural effusion and thickening (arrow).

**Fig. 2.** The patient lived in Brazil, which is an endemic area for *Mycobacterium tuberculosis* infection. At initial consultation, there was: (A) fistulous lesion in the sternum, with drainage of purulent material (arrow). (B) Cold abscess of chest wall (arrow), involving the right sterno-clavicular joint. (C) Osteolytic destruction of the sternum (arrow), compatible with osteomyelitis.