

## Abdominal TB, More to Abdominal Masses and Symptoms Than Meets the Eye

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# Abdominal TB, More to Abdominal Masses and Symptoms Than Meets the Eye

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## Case Presentation

79 year-old male with past medical history of achalasia treated with myotomy, TIA, seizure disorder and hyperlipidemia initially admitted 5/25-6/2 for sepsis and encephalopathy. He was found to have *Clostridium subterminale* bacteremia. Concern for GI origin, CT chest abdomen pelvis was done showing an ileocecal region mass/inflammation, with partial obstructive physiology, and significant pulmonary infiltrates. He had a colonoscopy with biopsy showing non-necrotizing granulomas. CEA was negative and metastasis was not seen on repeat imaging. An elective right hemicolectomy was done to resect the mass concerning for malignancy and cause of the bacteremia. Pathology was done on the specimen showing granulomas and mycobacterium. The patient was instructed to return to the hospital for workup and treatment. Imaging showed mediastinal lymphadenopathy. Quantiferon gold was positive. Two AFB cultures from bronchoscopy were done and were negative. The patient denied fever, chills, weight loss, being in jail, TB exposure, travel to endemic areas, or sick contacts. He was treated by ID with 4 drug therapy: isoniazide, rifampin, pyrazinamide, and ethambutol.

## Conculsion

Though less common in developed countries and the US, abdominal mass is a known presentation of extrapulmonary TB, specifically involving the ileocolic region. Presentation is often nonspecific and overlaps with Crohn's and malignant symptoms. Biopsy is important as well as a thorough history for risk factors.



CT abdomen without contrast



CT abdomen with contrast

## REFERENCES

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Uncommon in the developed world, abdominal mass is a known presentation of extra pulmonary tuberculosis with significant overlap in presenting symptoms of common disease such as Crohn's and cancer

## Discussion/Key points

- Abdominal TB is the 4th most common extra pulmonary location
- TB has a predilection for the ileocolic region and is found there around 75 percent of cases(1)
- Diagnosis is made by testing ascetic fluid if ascites is present or from biopsy(2)
- Manifestations of abdominal TB vary: traditional TB symptoms such as fever and weight loss, abdominal pain, ascites, distension, and abdominal mass
- Intestinal TB clinical symptoms include intestinal colic, abdominal distension, chronic diarrhea, constipation, nausea, vomiting, and bleeding(3)
- Significant overlap in symptoms with Crohn's Disease when no mass is found, and empirically treating with immunosuppression can lead to significant clinical deterioration
- The wound vacuum would then slowly remove dead tissue and passively achieve pneumonectomy