Intestinal Tuberculosis in an Immunocompetent Patient

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Introduction

Intestinal tuberculosis (TB) is a rare disease in western countries usually only affecting immigrants from endemic countries and those that are immunocompromised. Diagnosis is challenging especially when pulmonary symptoms are absent as it can mimic other abdominal pathology notably Crohn's disease. It is important to distinguish between Crohn's and TB especially since treatments differ so greatly. Intestinal TB favors the small bowel, particular the small ileum due to its affinity for Peyer's patches. Biopsy results from colonoscopy positive for acid-fast bacilli confirms the diagnosis. Our case describes an immunocompetent patient diagnosed with intestinal TB that was initially thought to be Crohn's disease.

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Case Presentatioin

A 79-year-old male with a history of TIA, seizure disorder and achalasia presented to the hospital with acute encephalopathy and sepsis. Chest x-ray revealed bilateral infiltrates and the patient was treated for a presumed pneumonia. Incidental finding on CT chest, abdomen and pelvis revealed terminal ileitis and an ileocecal valve mass. The patient underwent colonoscopy which showed a terminal ileum and ileal cecal valve lesion with sigmoid stricture and severe left sided diverticulitis. Biopsies were taken that were significant for non-necrotizing granulomas concerning for infectious etiology or Crohn's disease. The patient was referred to Colorectal Surgery and underwent laparoscopic right hemicolectomy. Surgical pathology revealed extensive granulomas positive for acid-fast bacilli (AFB) secondary to Mycobacterium tuberculosis (TB). Prior to this, the patient denied pulmonary TB symptoms, fevers, weight loss, diarrhea, constipation, melena, hematochezia, prior TB exposure, travel to endemic countries, jail time, military service, alcohol or illicit drug use. The patient underwent bronchoscopy with cultures of sputum, bronchoalveolar lavage, and gastric aspirate positive for AFB. Infectious disease was consulted and the patient was treated for active TB with the 4 drug regimen of rifampin, isoniazid, pyrazinamide and ethambutol.

Discussion

Intestinal TB though rare, should be kept on the differential when evaluating chronic intestinal diseases. Though diagnosis is difficult in the absence of active symptoms, it should be considered in patients with intestinal lesions. Further work-up with endoscopic biopsies are warranted to differentiate it from other abdominal pathologies.

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