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IMAGE | PATHOLOGY

Laparoscopic Appearance of Peritoneal Tuberculosis

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CASE REPORT

A 37-year-old Indian male with history of daily alcohol use presented to the hospital with abdominal pain and distention for 2 weeks. Abdominal and pelvic computed tomography showed ascites, peritoneal thickening with omental infiltration. Chest x-ray was normal, and sputum analysis was negative for infection. Ascitic fluid analysis showed a serum ascites albumin gradient of 0.8 g/dL, total protein level of 5.4 g/dL, and lymphocyte predominant cells. Blood cultures were negative. The patient also had an elevated CA 125, but work up for malignancy was negative. Finally, a laparoscopy was performed, which revealed multiple small homogeneous whitish nodules scattered all over the peritoneum and omentum (Figure 1). A biopsy was obtained, which showed necrotizing granulomas (Figure 2). The diagnosis of peritoneal tuberculosis (PTB) was confirmed. The patient was placed on antituberculosis therapy and discharged with close out patient follow-up.

Peritoneal tuberculosis is a rare disease in developed countries like United States. However, it should be considered high in the differential diagnosis in the immigrant population especially from areas endemic with tuberculosis. Peritoneal tuberculosis poses a great challenge in diagnosis because of the nonspecific features of the disease, which may lead to diagnostic delays and development of complications. This condition is regarded as a great mimicker of other abdominal pathology, especially intraabdominal malignancies, peritoneal carcinomatosis, and liver cirrhosis. A high index of suspicion is an important factor in early diagnosis. A recent study of 43 cases of PTB showed that initial screen for mycobacterium and final cultures in the ascitic fluid were negative in all the patients.[1] However, surgically obtained peritoneal biopsies were positive in all 43 patients for mycobacterium.

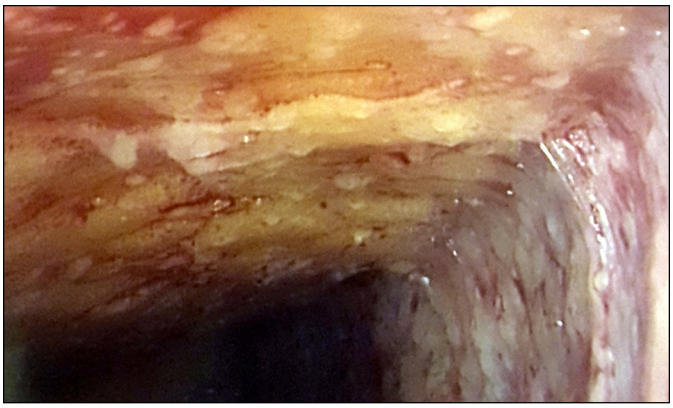

Figure 1. Laparoscopy showing multiple small whitish nodules consistent with peritoneal tubercules.

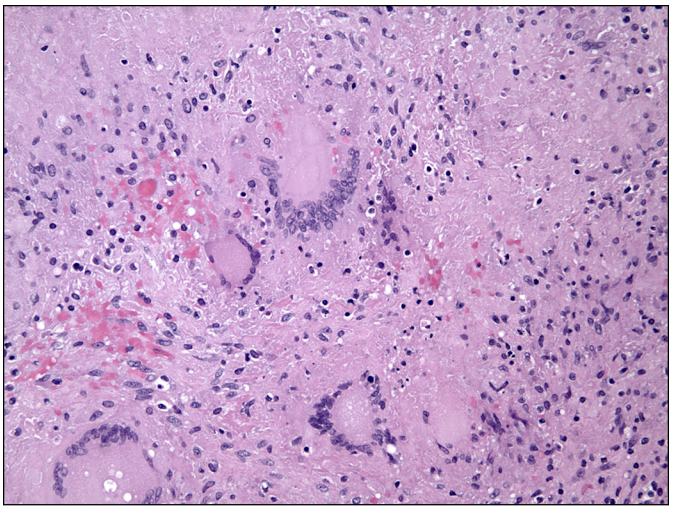

Figure 2. Peritoneal biopsy showing necrotizing granulomas along with Langhans giant cells.

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DISCLOSURES

Author contributions: M. Sial, M. Bilal, and P. Perri performed literature review and wrote the manuscript. P. Perri edited the manuscript and is the article guarantor.

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REFERENCE

1. Guirat A, Affes N, Rejab H, Trigui H, Ben Amar M, Mzali R. Role of laparoscopy in the diagnosis of peritoneal tuberculosis in endemic areas. *Med Sante Trop*. 2015; 25(1):87–91.