International Journal Dental and Medical Sciences Research
Volume 5, Issue 3, May - June 2023 pp 348-349 www.ijdmsrjournal.com ISSN: 2582-6018

Rare Case of Gastric Tuberculosis and Hepatic Tuberculosis Case Report:

Dr Annie T George[1], Dr Balachandra A Shetty[2]
1:PG Resident, 2: HOD, Department of General Medicine,A.J. Institute of Medical Sciences, Mangalore

Date of Submission: 16-05-2023 Date of Acceptance: 31-05-2023

ABSTRACT
Hepatic tuberculosis and gastric tuberculosis are uncommon extrapulmonary manifestations of mycobacterium tuberculosis infection. Here we report a case of gastrictuberculosis with hepatictuberculosis in a young patient

I. INTRODUCTION

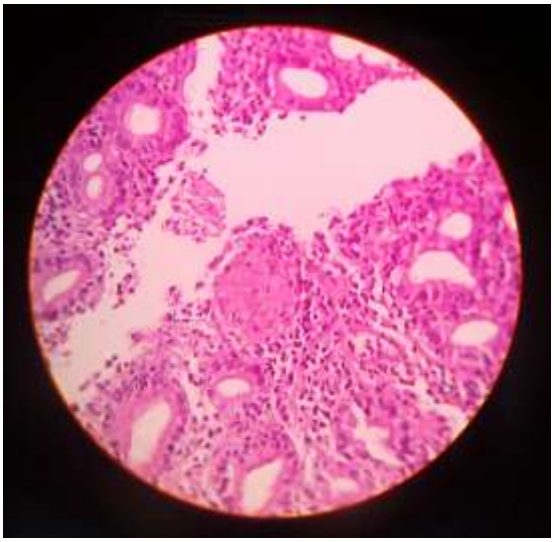
Tuberculosis is a major health problem. It is commonly presented with pulmonary disease but involvement of gastrointestinal tract is not uncommon. Abdominal TB commonly involves ileocecal region. Hepatic involvement is uncommon and involvement of stomach is very rare.

Here we report a case of a young patient whopresented severe abdominal pain and vomiting. On evaluationbiopsy of stomachshowed gastric tuberculosis. She also had hepatic tuberculosis

II. CASE DESCRIPTION

A 20 year old female patient with no known co morbidities presented with severe abdominal pain and vomiting of 3 weeks duration and low grade fever of 1 week duration. On examination pallor was present with tenderness over epigastrium and right hypochondrium. Laboratory workup showed anemia, elevated ESR. CT abdomen showed ill-defined hypodense areas in both lobes of the liver with subtle enhancement in the portal phase and a circumferential thickening in the pylorus of the stomach. An Upper GI endoscopy divulged the presence of multiple small ulcers in body and antrum of stomach with surrounding erythematous and edematous mucosawhich raised suspicion of lymphoma and a biopsy was taken. The histopathology revealed granulation tissue comprising of epithelioid cells and multinucleated giant cells. Anddense inflammation comprising of lymphocytes, plasma cells, neutrophils with few eosinophils. Specimen was negative for AFB and no H pylori on Giemsa stain. The biopsy showed features of Granulomatous gastritis. As gastric tuberculosis is not a common entity and to rule out the possibility of sarcoid, we got her Angiotensin-Converting Enzyme level which was 16U/L (ref 12-68U/L) using FAPGG substrate. Also as her CT abdomen suggested features of granulomatous lesions in the liver a tissue biopsy was taken from this lesion which showed epithelioid cells, lymphocytes and Langhans giant cells with central caseous necrosis and AFB was negative. Colonoscopy showed no evidence of inflammatory bowel disease. She was started on antitubercular therapy and has completed a 6months course. Currently, she is asymptomatic with no drug-related adverse effects.

Histopathology of stomach ulcer showing granuloma:



Liver biopsy showing epithelioid cells,lymphocytesand Langhans giant cells with central caseous necrosis:

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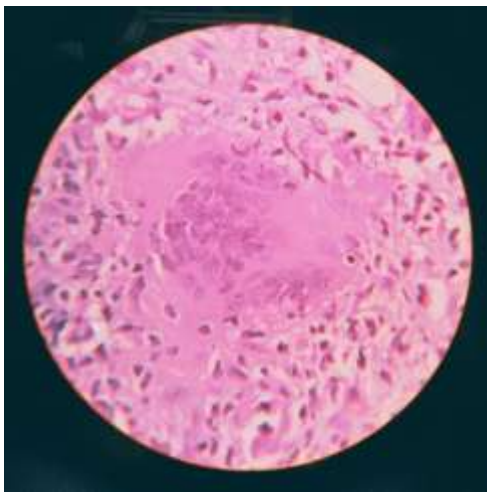

III. DISCUSSION

Most common site of gastrointestinal tuberculosis is ileocecal region. Gastric tuberculosis is a rare clinical entity. Gastric lesions are usually associated with concomitant pulmonary or disseminated disease. Relative sparing of the stomach has been explained by the low gastric pH, paucity of lymphoid tissue and rapid emptying of gastric contents. Gastric antrum and pre pyloric area are the most common sites of involvement. Ulcerative lesions are the most common followed by hypertrophic lesions. The symptoms are often non specific and patients can present with epigastric pain, fever of unknown origin, gastric mass, symptoms of peptic ulcer disease, gastric outlet obstruction, perforation etc. Gastric tuberculosis can mimic inflammatory conditions or malignancy such as lymphoma, gastrointestinal stromal tumor or gastric adeno carcinoma.

Our patient had multiple small ulcers in the body and antrum of stomach. Biopsy showed granulomatous gastritis. Also biopsy of her liver lesion showed epithelioid cells, lymphocytes, Langhans giant cells with caseous necrosis. A diagnosis of hepatic tuberculosis with gastric tuberculosis was made. The patient was started on antitubercular treatment and she completed a 6 months course. Our patient improved and is asymptomatic now.

IV. CONCLUSION

Diagnosis of gastric tuberculosis is challenging and is often delayed due to its vague presentation. A high index of clinical suspicion and appropriate investigative modalities aid in early diagnosis. Antitubercular therapy is the mainstay of treatment with surgery in few cases

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