CASE REPORT

ISOLATED MESENTERIC TUBERCULOSIS PRESENTED AS ABDOMINAL MASS

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ABSTRACT

Tuberculosis may involve any organ in the body but isolated mesenteric tuberculosis with formation of mass is, indeed, rarely mentioned in the differential diagnosis of an abdominal mass. We are presenting a case of isolated mesenteric tuberculosis confirmed by histological examination of wide excision biopsy without any evidence of pulmonary, skeletal or gastrointestinal tuberculosis in an immune-competent patient. The rarity of this condition prompted its reporting.

Key words: Tuberculosis, mesenteric, abdominal mass

INTRODUCTION

The most common forms of extra-pulmonary tuberculosis seen in clinical practice are lymphadenopathy, pleural effusion and abdominal tuberculosis [1]. The incidence of extra-pulmonary tuberculosis is getting more common as a result of the growing numbers of HIV positive patients [2]. Abdominal tuberculosis is fairly common in India. It can affect any abdominal organ but particularly involves small intestine and caecum. There are very few cases have been reported of isolated mesenteric tuberculosis. Here we report a unique case of isolated mesenteric tuberculosis presented as an abdominal mass.

CASE REPORT

A 35 year old male patient presented with pain in abdomen, more after meal, sometimes associates with vomiting since one year and loss of appetite, loss of weight, low grade fever since three months. There was no history of anti-tuberculous treatment or contact with any case of tuberculosis. There was no other past medical history. There was no family history of tuberculosis. Abdominal examination was normal. Other system examination was unremarkable. Routine blood and urine examinations were normal. Chest radiograph was normal (Figure 1).

Ultrasonography of the abdomen reavealed evidence of hypo-echoic lobulated mass lesion measuring 64 x 77 x 39 mm. On CT scan of abdomen there was heterogenously enhancing space occupying lesion (SOL) in supra-umbilical region in mesentery suggestive of mesenteric mass (Figure 2).

Fine needle aspiration cytology (FNAC) smear revealed bluish-pink, myxoid-mucoid material in the background, pink muscle like tissue, spindly cells and a few round-stellate cells with dark nuclei suggestive of Myxoid type soft tissue tumor but potential malignancy was not ruled out. Biopsy of tumour revealed possibility of desmoid tumor. Histopathological examination of the wide excised abdominal wall tumour was suggestive of florid caseating granulomatous inflammation consistent with tuberculosis.

A final diagnosis of isolated mesenteric tuberculosis was made and anti-tuberculosis treatment was started. Patient recovered and was doing well on last follow-up.

DISCUSSION

In the general population the abdominal cavity is one of the targets of extra-pulmonary disease, comprising 11% of the extra-pulmonary cases [3]. The ileocecal segment is most frequently affected, probably because of its great number of lymphatic vessels and tissue.[3] The diverse clinical features of abdominal tuberculosis are fairly varied and non-specific and often present a diagnostic challenge [4]. Most of the patients can be diagnosed only after laparotomy.

Inove and others reported a case of tuberculous mesenteric lymph node abscess with caseous granuloma diagnosed after laparotomy [5]. Vijaya and others reported the mesenteric cold abscess might be secondary to symptomless pulmonary tuberculosis which probably spread to the mesentery after

swallowing sputum [6].

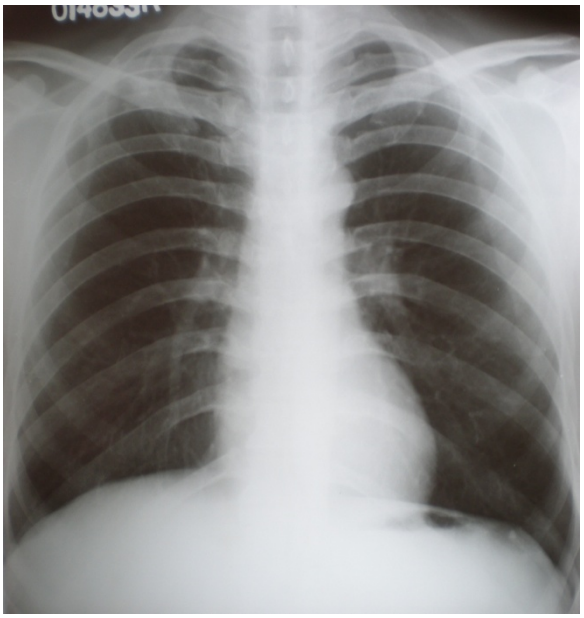

Figure 1: X-ray chest was unremarkable

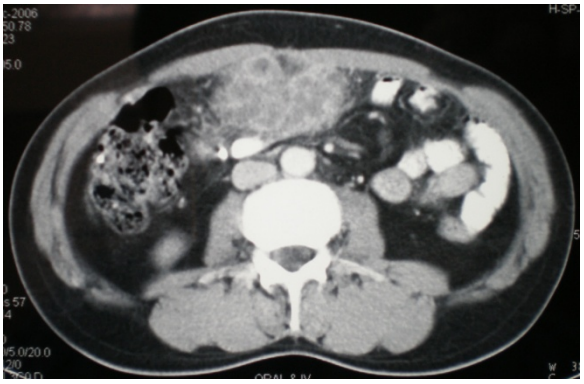

Figure 2: CT scan of abdomen shows heterogenously enhancing space occupying lesion in supra-umbilical region in mesentery suggestive of mesenteric tumor

In our case the mesenteric tuberculosis was isolated and was not associated with tuberculosis of any other organ. It presented as abdominal mass by means of USG and CT scan which was diagnosed after wide excisional biopsy of the lesion. Routine FNAC and biopsy failed to diagnose the case. This report emphasizes the diverse clinical features of abdominal tuberculosis and the need for a high index of suspicion for the proper management of such cases.

This case cautions the clinicians and radiologists about the possibility of tuberculosis in considering the differential diagnosis of any lesion even in any unlikely anatomical area, especially in those areas where tuberculosis is endemic.

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