Peritoneal Tuberculosis: a diagnostic challenge

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INTRODUCTION

Tuberculosis continues to be a major burden worldwide. In Portugal the incidence is 19,1/100000 habitants, mostly in urban centers and amongst the HIV and immigrant population.

Peritoneal tuberculosis (PTB) is a form of tuberculosis rarely seen in developing countries. It results from hematogeneous spread or direct spread form an abdominal or mesenteric lymph node focus.

The onset of symptoms is insidious and unpecific. Most patients present with fever, weight loss and abdominal pain and distension. Furthermore the culture yield for microbacteria is low and time consuming. As a consequence diagnosis and treatment are often delayed. Once diagnosed, treatment with standard therapy is usually successful.

We describe two cases of PTB elucidative of such diagnostic challenges.

♂, 7 years old

Parents from S. Tomé e Príncipe
Recent stay in S. Tomé e Príncipe
Household contact with pulmonary tuberculosis

Admission

Abdominal distension
Pain

Ascitis
No hepatosplenomegaly
No adenomegalies

Etiology?

Vespertine fever, asthenia

0
7 mo
8 mo

Hb 9,9 g/dL, Leucocytes 6580 uL, CRP 78,1 mg/L, SR 96 mm/h Albumin 41 mg/dL, AST=103 U/L, ALT=189 U/L, renal function normal. Ultrasonography: Non pure ascitis; Liver and spleen normal

Clear Ascitic fluid

900 uL leucocytes • ++lymphocytes.
proteins 57,7 g/L, Glucose 44 mg/dL, LDH 470 U/L
No neoplastic cells;

Normal Chest x-ray
Colonoscopy- oedema of ileocecal valve and ileon’s mucosa. Histology of distal ileon with mild enlargement of lymphoid tissue. Fragments of the remaining intestine showed no alterations, particularly granulomas.

Abdominal TC -massive free peritoneal fluid.

Mantoux 14 mm

Ascitic fluid ARB, TB PCR POSITIVE
Culture: Mycobacterium tuberculosis complex S 1st line AB

HRZE + HR (2 + 7) Complete resolution/ No sequealae

CONCLUSION

Similarly to previous reports both patients presented with chronic unspecific complaints and late onset abdominal distension. The epidemiological background was of utmost importance to raise the suspicion of TB. The culture of ascitic fluid confirmed PTB in the first case. In the second case the epidemiology, Mantoux test and the pulmonary data, added to ascitic fluid high ADA activity helped with the diagnosis. Laparoscopy ascitic fluid examination might have helped. However the good response to anti-TB treatment overcome it. We intend to alert for the necessity of high level of suspicition and importance of indirect for diagnosis.

References


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