

Wet type of tuberculous peritonitis

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DESCRIPTION

A 24-year-old man presented with a 2-month history of mild abdominal pain and persistent fever of 38°C. The patient had pneumonia 5 years ago. Abdominal ultrasonography showed loculated and free ascites, increase in the mesenteric echogenicity and mesenteric lymphadenopathy. Contrast-enhanced abdominal CT showed large amount of loculated viscous fluid and enhanced diffuse peritoneal thickening. Posteriorly displaced small bowel loops were detected (figure 1A,B). Diagnostic laparoscopy revealed multiple tubercles over the whole peritoneum and the pathology report described granulomatous nodules. Culture of the ascitic fluid revealed *Mycobacterium tuberculosis* which resulted in a final diagnosis of tuberculous peritonitis (wet type). The patient's fever and abdominal distension gradually decreased after antituberculosis treatment.

Peritoneal tuberculosis (TB) is an uncommon site of extrapulmonary infection caused by *M tuberculosis*.¹ It can also occur via haematogenous spread from active pulmonary or miliary TB. Much less frequently, the organisms enter the peritoneal cavity transmurally from the infected small intestine or contiguously from tuberculous salpingitis.²

Tuberculous peritonitis is a well-recognised disease which has declined after the introduction of effective antituberculosis drugs. However, the frequency of this disease in developed countries has increased during the last decade and is mainly observed in patients with immunodeficiencies associated with alcoholism, steroid therapy, intravenous drug abuse, chemotherapy and AIDS. Three types of tuberculous peritonitis have been described.³ The wet type, which is characterised by a large amount of free or loculated viscous fluid, is seen in most of the patients. The fibrotic-fixed type and the dry or plastic type are less common. A similar peritoneal appearance may occur with carcinomatosis, mesothelioma, or non-tuberculous peritonitis³

Learning point

Three types of tuberculous peritonitis have been described. The wet type, which is characterised by a large amount of free or loculated viscous fluid, is seen in most of the patients. The fibrotic-fixed type and the dry or plastic type are less common.

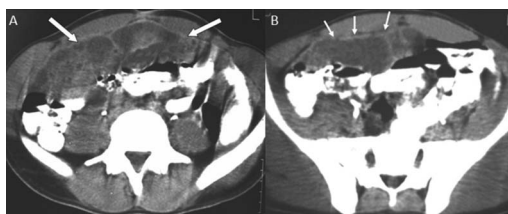


Figure 1 Axial contrast-enhanced CT images showing large amount of loculated viscous fluid (arrows; A) and enhanced diffuse peritoneal thickening (arrows; B). Posteriorly displaced small bowel loops could be seen.

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