


# Tuberculous peritonitis

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## DESCRIPTION

The patient was a 77-year-old woman who had undergone surgery for gastric cancer, and who had periodically received CT of the chest and abdomen. At 7 years after the operation, CT revealed ascites with uniform peritoneal thickening and a small amount of unilateral pleural effusion ([figure 1](#)). Based on these CT findings, the attending surgeon suspected a recurrence of gastric cancer with systemic dissemination, including carcinomatous peritonitis. Exploratory laparoscopy revealed tiny yellow/white nodules diffusely covering the surface of anterior peritonea ([figure 2](#)) and small bowel. Histology was negative for malignancy but Ziehl-Neelsen staining was positive for acid-fast bacilli in non-caseating granulomas. Furthermore, the pleural fluid showed lymphocytosis with elevated levels of adenosin deaminase. An interferon-gamma release assay was positive. Based on these findings, although the patient did not have a distinct history of



**Figure 1** CT showing ascites with uniform peritoneal thickening and a small amount of right pleural effusion.



**Figure 2** A laparoscopic photograph, showing tiny yellow/white nodules diffusely covering the surface of the anterior peritoneum.

## Patient's perspective

I will be glad to be of help for the future healthcare.

## Learning points

- ▶ When ascites with peritoneal thickening is present along with pleural effusion in a patient with cancer, not only progression of the cancer but also miliary tuberculosis should be considered.
- ▶ An early diagnosis by laparoscopic biopsy is important for a prompt diagnosis and initiation of treatment for tuberculous peritonitis.

tuberculosis, we diagnosed her with miliary tuberculosis, including tuberculous peritonitis.

Tuberculous peritonitis is a rare form of tuberculosis that involves the parietal and visceral peritoneum, omentum and intestinal mesentery.<sup>1</sup> The possibility of miliary tuberculosis should be considered when ascites with peritoneal thickening is present along with pleural effusion.<sup>2</sup> A delay in the diagnosis and treatment of tuberculosis increases patient mortality, suggesting that an early diagnosis by laparoscopic biopsy is very important for a prompt diagnosis and initiation of treatment.<sup>3</sup>

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