

Tuberculous peritonitis

Hisako Kushima,¹ Ryohei Sakamoto,² Yoshiaki Kinoshita,¹ Hiroshi Ishii ¹

¹Department of Respiratory Medicine, Fukuoka University Chikushi Hospital, Chikushino, Fukuoka, Japan

²Department of Surgery, Fukuoka University Chikushi Hospital, Chikushino, Fukuoka, Japan

Correspondence to Professor Hiroshi Ishii; hishii@fukuoka-u.ac.jp

Accepted 23 September 2021

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.¹ The possibility of miliary tuberculosis should be considered when ascites with peritoneal thickening is present along with pleural effusion.² 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.³

Contributors HK and HI researched the topic and wrote the case. RS and YK helped with the research and proofreading of the case report.

Funding The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

Competing interests None declared.

Patient consent for publication Consent obtained directly from patient(s)

Provenance and peer review Not commissioned; externally peer reviewed.

ORCID iD

Hiroshi Ishii <http://orcid.org/0000-0002-2143-5922>

REFERENCES

- 1 Viejo Martínez E, García Nebreda M, de Fuenmayor Valera ML, et al. Laparoscopic diagnosis of peritoneal tuberculosis. *Am Surg* 2021;000313482199867.
- 2 Kattan J, Haddad FG, Menassa-Moussa L, et al. Peritoneal tuberculosis: a Forsaken yet misleading diagnosis. *Case Rep Oncol Med* 2019;2019:1–4.
- 3 Yamada L, Saito M, Aita T, et al. Tuberculous peritonitis; the effectiveness of diagnostic laparoscopy and the perioperative infectious prevention: a case report. *Int J Surg Case Rep* 2020;72:326–9.



© BMJ Publishing Group Limited 2021. No commercial re-use. See rights and permissions. Published by BMJ.

To cite: Kushima H, Sakamoto R, Kinoshita Y, et al. *BMJ Case Rep* 2021;14:e245311. doi:10.1136/bcr-2021-245311

Copyright 2021 BMJ Publishing Group. All rights reserved. For permission to reuse any of this content visit <https://www.bmj.com/company/products-services/rights-and-licensing/permissions/>
BMJ Case Report Fellows may re-use this article for personal use and teaching without any further permission.

Become a Fellow of BMJ Case Reports today and you can:

- ▶ Submit as many cases as you like
- ▶ Enjoy fast sympathetic peer review and rapid publication of accepted articles
- ▶ Access all the published articles
- ▶ Re-use any of the published material for personal use and teaching without further permission

Customer Service

If you have any further queries about your subscription, please contact our customer services team on +44 (0) 207111 1105 or via email at support@bmj.com.

Visit casereports.bmj.com for more articles like this and to become a Fellow