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

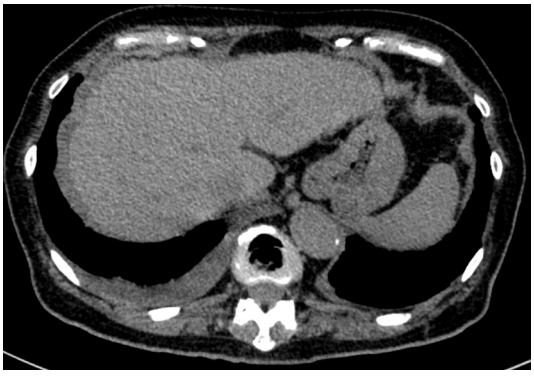

Figure 1 CT showing ascites with uniform peritoneal thickening and a small amount of right pleural effusion.

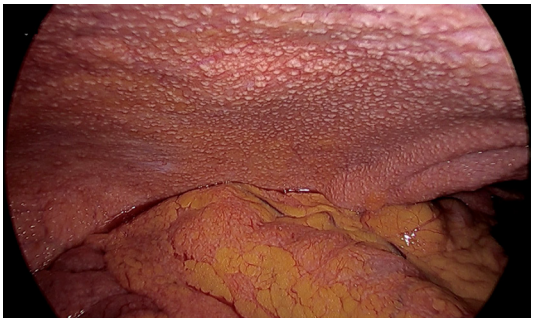

Figure 2 A laparoscopic photograph, showing tiny yellow/white nodules diffusely covering the surface of the anterior peritoneum.

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.

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]

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