CASE REPORT – OPEN ACCESS

International Journal of Surgery Case Reports 6 (2015) 122–125

Contents lists available at ScienceDirect

International Journal of Surgery Case Reports

journal homepage: www.casereports.com

Abdominal tuberculosis mimicking Crohn's disease's exacerbation: A clinical, diagnostic and surgical dilemma. A case report

Davide Papis[a,*,1], Vittorio Branchi[b,1,2], Luis Gomez[a,3], Fernando Herrerias[a,3], Felip Vilardell[c,4], Marta Gonzalez[d,3], Jorge J Olsina[e,3]

[a] Colorectal Unit, General Surgery Division, University Hospital Arnau de Vilanova, University of Lleida, Avinguda Alcalde Rovira Roure, 80 25198 Lleida, Spain
[b] Department of Surgery, Bonn University Hospital, Sigmund-Freud-Strasse 25, Bonn 53127, Germany
[c] Anatomical Pathology Division, University Hospital Arnau de Vilanova, University of Lleida, Avinguda Alcalde Rovira Roure, 80 25198 Lleida, Spain
[d] Hepatobilyopanctratic Unit, General Surgery Division, University Hospital Arnau de Vilanova, University of Lleida, Avinguda Alcalde Rovira Roure, 80 25198 Lleida, Spain
[e] General Surgery Division, University Hospital Arnau de Vilanova, University of Lleida, Avinguda Alcalde Rovira Roure, 80 25198 Lleida, Spain

ARTICLE INFO

Article history:
Received 5 August 2014
Received in revised form
27 November 2014
Accepted 28 November 2014
Available online 11 December 2014

Keywords:
Abdominal tuberculosis
Medical treatment
Difficult diagnosis
Surgery
Adalimumab

ABSTRACT

INTRODUCTION: Tuberculosis in Europe is a health public problem, which has increased constantly over the last few decades. The most common clinical manifestation of tuberculosis is pulmonary. The diagnosis of extrapulmonary tuberculosis can be challenging and clinical manifestations of gastrointestinal tuberculosis are unspecific and can mimic other pathologies.
PRESENTATION OF CASE: A young Chinese man, who had recently been diagnosed with Crohn's disease, was admitted to the emergency room of our hospital with a one-month history of diffuse abdominal pain and weight loss. The patient initially presented with epigastric pain, which had been constantly increasing over the last 48 h. Other symptoms included diarrhea, nausea, and fever. The patient was then admitted with the diagnosis of Crohn's disease exacerbation, and a treatment with corticosteroids, azathioprine, mesalazine, adalimumab, and antibiotic therapy was started. The symptoms were due to an initially misdiagnosed case of abdominal tuberculosis.
DISCUSSION: Intestinal tuberculosis is mainly localized at the ileocecal level in 85% of patients. Medical therapy is the treatment of choice and surgery is not required if it is diagnosed at an early stage.'
CONCLUSION: The diagnosis of abdominal tuberculosis still remains a challenge for both internists and surgeons. Before starting a therapy with adalimumab, every patient should be tested for latent tuberculosis infection.

© 2014 The Authors. Published by Elsevier Ltd. on behalf of Surgical Associates Ltd. This is an open access article under the CC BY-NC-ND license (http://creativecommons.org/licenses/by-nc-nd/3.0/).

1. Introduction

Tuberculosis (TB) is a public health problem, which has increased over the last 20 years [1]. The most common clinical presentation is pulmonary tuberculosis. The extrapulmonary diagnosis remains a complex clinical challenge, due to unspecific symptoms and signs. Clinical manifestations of gastrointestinal tuberculosis can lead to a misdiagnosed inflammatory bowel disease, advanced ovarian cancer, ileocecal cancer, mycosis, yersinia infection and amebomas [1]. Abdominal tuberculosis is an uncommon form of extrapulmonary tuberculosis. More common presentations include the lymphatic system infection, the genitourinary tract infection, the osteoarticular infection, the miliary form and central nervous system infection. Gastrointestinal TB is usually associated with an immunosuppressive state, such as acquired immune deficiency syndrome (AIDS) [2] and treatment with immunosuppressive drugs like anti-TNFα. Surgical treatment is required in 25–75%. A partial intestinal resection is needed in case of complications such as perforation, occlusion, bleeding and abscess formation [3].

Abbreviation: CT, computed tomography; PCR, polymerase chain reaction; RIPE, rifampin, isoniazid, pyrazinamid and ethambutol; ESBL, extended spectrum beta-lactamase; ICU, intensive care unit; AIDS, acquired immune deficienced syndrome; CRP, C-reactive protein.

* Corresponding author. Tel.: +34 973 705 298; fax: +34 973 705 294.
E-mail addresses: davide.papis@gmail.com (D. Papis), vittorio.branchi@hotmail.com (V. Branchi), luisgomezquiles@hotmail.com (L. Gomez), ferherias@gmail.com (F. Herrerias), fvilardell@arnau.scs.es (F. Vilardell), jo_marta@hotmail.com (M. Gonzalez), jjolsina@gmail.com (J.J. Olsina).
[1] The first two authors equally contribute to the work.
[2] Tel: +49 228 287 15109.
[3] Tel: +34 973 705 298; fax: +34 973 705 294.
[4] Tel: +34 973 248 100.

http://dx.doi.org/10.1016/j.ijscr.2014.11.075
2210-2612/© 2014 The Authors. Published by Elsevier Ltd. on behalf of Surgical Associates Ltd. This is an open access article under the CC BY-NC-ND license (http://creativecommons.org/licenses/by-nc-nd/3.0/).

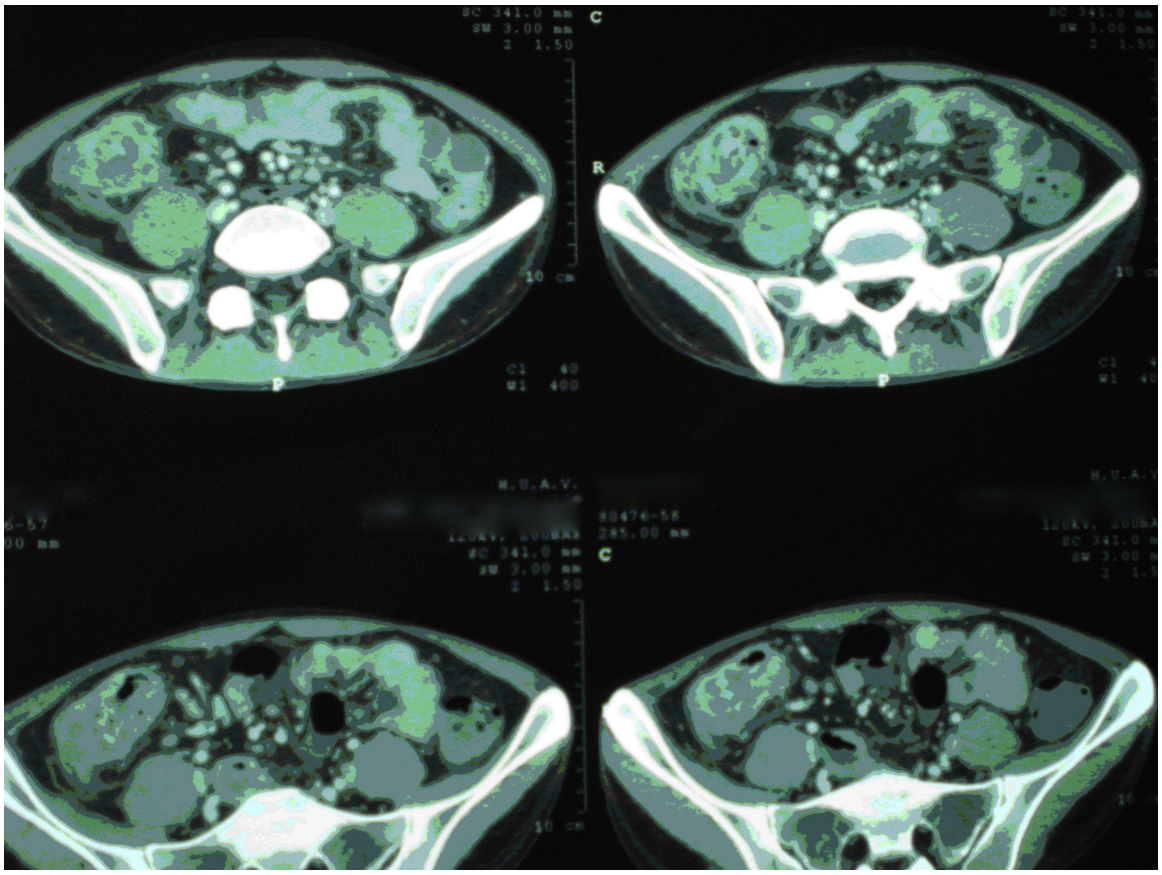

Fig. 1. Abdominal CT-scan that displays moderate ascites, mesenteric lymphadenopathy, and diffuse small bowel and colonic wall thickening concentrating in the cecum.

2. Presentation of case

A 21-year-old man was brought to our Emergency Room presenting with a one-month history of abdominal pain, which had increased during the last 48 h. The pain was originally localized in the epigastrium and had migrated to the right lower abdominal quadrant. The patient complained of nausea, diarrhea and weight loss during the last couple of months. Physical examinations revealed abdominal distension with tenderness at the McBurney point, increased peristalsis and fever. The rest of the physical

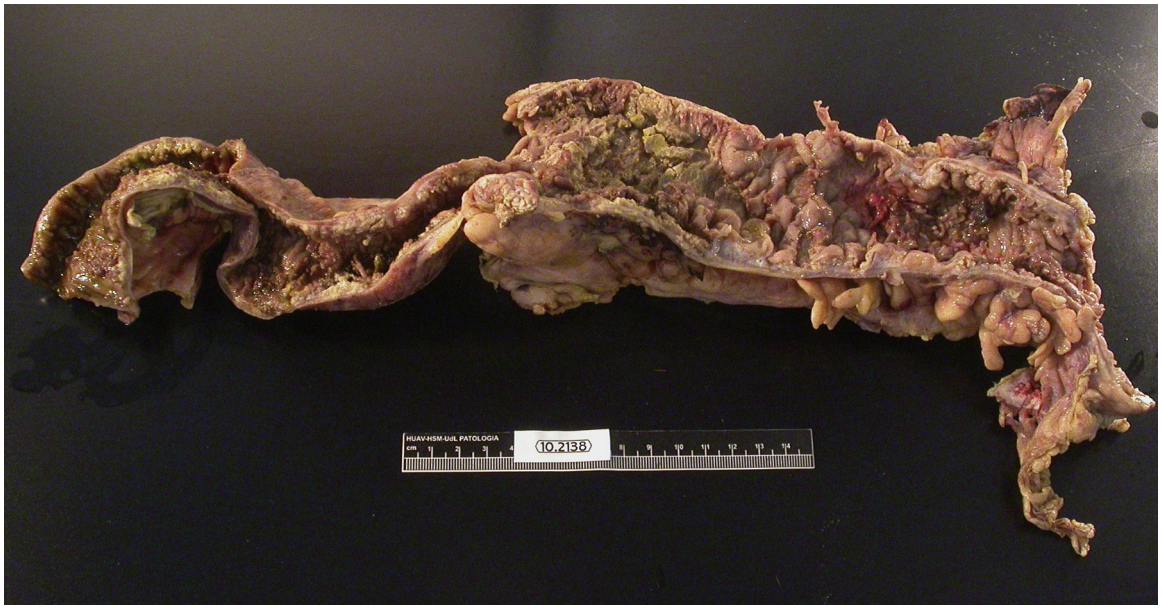

Fig. 2. Surgical specimen.

Download English Version:

https://daneshyari.com/en/article/4289455

Download Persian Version:

https://daneshyari.com/article/4289455

Daneshyari.com