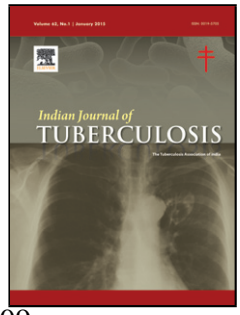

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A Case of Hepatic Tuberculosis: A Tuberculoma

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Abstract:
Tuberculosis is a common cause of morbidity and mortality worldwide and its eradication in the United States has stalled for the first time in decades. Isolated hepatic tuberculosis is an extremely uncommon form of extrapulmonary tuberculosis. Here we present a case of a tuberculous liver abscess and suggest that tuberculosis should be considered in patients who fail to respond to antibiotics and prompt diagnostic intervention.

Key words: abscess, tuberculosis, liver, tuberculoma, extrapulmonary

Introduction:

Liver abscess is a rare disease, originally described by Hippocrates, which was previously uniformly fatal. Improvement in diagnostic imaging and antimicrobials has led to an improvement in outcome. It is a rare condition with a slight predominance in males and some association with diabetes mellitus, underlying hepatobiliary or pancreatic disease or occult gastrointestinal or intra-abdominal malignancy.[i] However, limited literature exists regarding isolated tuberculous liver abscesses in the absence of pulmonary disease.

Case Report:

A 40 year old obese Indian-American woman with no known medical history presented with 2 weeks of progressive right upper quadrant abdominal pain and low grade fevers. The pain was sharp and radiated to her back. She also described associated nausea, non-bloody vomitus and loose bowel movements. There was no history of weight loss, cough, sick contacts or recent travels. Admission blood counts demonstrated a white blood cell count of 7.8 x 10^9/L with 81% neutrophils and 14% bands and a platelet count of 89 x 10^9/L. Comprehensive metabolic panel was notable for a sodium of 136 mmol/L, potassium 2.6 mmol/L, bicarbonate 17 mmol/L, total bilirubin 3.6 mg/dL, aspartate aminotransferase (AST) 471 units/L, alanine aminotransferase (ALT) 132 units/L and a normal serum creatinine. The INR was 2.07. The toxicology screen, acute hepatitis panel and human immunodeficiency virus (HIV) testing were all negative.

A computed tomography (CT) scan of the abdomen showed a complex right upper quadrant mass with low density cystic components centered on the porta hepatis with a conglomerate of necrotic lymphadenopathy (Figure 1). A magnetic resonance imaging (MRI) was done due to persistence of symptoms, which demonstrated a complex cystic mass with involvement of the pancreatic head and