A challenging case of tuberculous peritonitis

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A 24-year-old female was admitted to the hospital for recurring irregularities of menstruation and a nine day history of abdominal tenderness. Physical exam revealed an abnormal build-up of fluid in the abdomen. Lab results within normal range. Normal chest X-ray. Abdominal ultrasound displayed ascites and nodular peritoneal thickening (Figure 1). Abdominal paracentesis exposed an exudative effusion, lymphocyte-rich inflammatory cells, no malignant cells and an adenosine deaminase level of 59 U/L. QuantiFERON-TB Gold test negative and also HIV-negative. Cancer antigen 125 level of 98.70, carcinoembryonic antigen level of 0.46, carcinoma antigen 15-3 level of 19.87, alpha-fetoprotein level of 1.99, cancer antigen 19-9 level of 0.99. Magnetic resonance imaging of the abdomen disclosed ascites and bilateral nodular opacities in the peritoneum. Ultrasound-guided tru-cut biopsy from nodular opacities expressed tuberculoid granulomas [1, 2]. According to our national guidelines, received a standard anti-TB regimen [3]. After six months, good clinical response. Tuberculous peritonitis is a rare condition which may simulate malignancy. TB ascites is an exudative pleural effusion as in the presence of a malignant tumour. Both illnesses have plenty correlations regarding lab results, imaging features and symptoms. Tuberculous peritonitis is accountable for approximately 1% of all tuberculosis cases [4]. In peritoneal carcinomatosis, CA125 level is elevated [5]. Early diagnosis of extrapulmonary tuberculosis responds well to the specific treatment and also prevents surgery.

Figure 1. Abdominal ultrasound reported ascites in pelvis

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