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### Abdominal TB mistaken for malignancy

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**Background:** Tuberculosis (TB) is the leading cause of death from a single infectious agent worldwide. Extrapulmonary TB accounts for nearly a third of cases, with the prevalence of abdominal TB steadily rising. However, the disease poses significant diagnostic challenge due to lack of pathognomonic findings and sensitive testing modalities. We present a case of peritoneal TB that closely resembled malignancy.

**Case Presentation:** A 34-year-old female with a history of anemia, low grade cervical dysplasia, and high-risk HPV presented with a 7-day history of worsening abdominal distension, following one month of progressive fatigue, anorexia, weight loss, and subjective fevers. She denied respiratory symptoms, night sweats or changes in bladder or bowel function. The patient immigrated from Mexico 15 years prior, and briefly lived with her father and brother who were both treated for TB decades before. Her aunt and grandmother died of uterine cancer. Her physical exam was notable for a distended abdomen with diffuse tenderness to palpation. Computed tomography (CT) and magnetic resonance imaging (MRI) revealed ascites with peritoneal thickening and an adnexal cyst. Chest CT showed scattered centrilobular pulmonary nodules and axillary lymphadenopathy. Further workup yielded an elevated Ca-125, and serially negative sputum smears for acid fast bacillus (AFB). Sequential diagnostic paracenteses revealed elevated polymorphonuclear cells, but negative cytology, gram stains and AFB stains. The patient returned with similar symptoms one month later. Ultimately, exploratory laparoscopy revealed diffuse millitary peritoneal implants with biopsy positive for caseating granulomas and AFB. Treatment was initiated for peritoneal TB.

**Conclusions:** A high index of suspicion for peritoneal TB must be maintained in patients who present with ascites, even in the absence of respiratory symptoms, predisposing comorbidities, or identification of mycobacteria in bodily fluid. A lower threshold for peritoneal biopsy is warranted in such cases for earlier diagnosis and life-saving medical management.

#### Biography

Lauren is a dual MD-MPH student in her final year of medical school at Emory University. She completed her MPH in Epidemiology this past year, and is passionate about investigating the intersectionality between social determinants of health and infectious disease. She is pursuing Internal Medicine for residency, and intends to become actively involved in healthcare advocacy and public policy work as a physician.

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