



Primary gastric tuberculosis- case report and review of literature

KEYWORDS

gastric tuberculosis; peptic ulcer disease; malignancy; TB PCR. Introduction

Venkatarangareddy Valluru

Mohanreddy G

Lakshmi Varra

Neelima

ABSTRACT Primary gastric tuberculosis is a rare clinical manifestation of extra-pulmonary infection. The presentation is nonspecific and misleading. The disease resembles other clinical conditions like

peptic ulcer disease or malignancy. We report a case of primary gastric tuberculosis who presented with chronic abdominal pain. The diagnosis was based on TB PCR because of absence of acid-fast bacilli in the endoscopic biopsy specimen.

Introduction:

Tuberculosis is still a common problem in developing countries. Primary gastric tuberculosis in a immunocompetent host is extremely rare. The presentation of gastric tuberculosis varies. It may present as peptic ulcer that fails to heal to routine treatment, fever of unknown origin or malignancy. High index of suspicion is needed to make a correct diagnosis.

Case report

35 year old male presented with chronic abdominal pain that increased with intake of food and early satiety. No history of fever or weight loss. viral screening is normal. Endoscopy revealed an ulcer on the lesser curve of antrum. Biopsy was taken for histopathological examination and granuloma was seen and tuberculous bacilli was negative. Gastric biopsy tissue was sent for TB PCR which was positive.

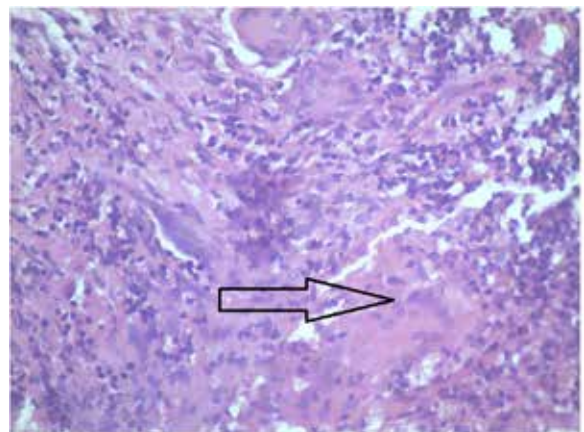
X-ray chest was normal. Mantoux was 20mm induration. Hb was 9.8 grams percent and ESR 35 mm 1st hour. The patient who was not responding to proton pump inhibitors alone, afterwards responded to anti-tubercular treatment and became symptom free.

Discussion

Common site for the tuberculosis of the gastrointestinal tract is ileo-caecal area because of stasis and availability of lymphatics in the ileal wall. Involvement of stomach is rare¹ because of bactericidal activity of acid, scarcity of lymphatics in the stomach wall, intact gastric mucosa and continuous motor activity of the stomach⁵. Gastric tuberculosis is usually secondary to pulmonary tuberculosis and is common in immunodeficient individuals. Primary gastric tuberculosis is very rare¹ in immunocompetent individuals. Primary gastric tuberculosis usually manifests as benign peptic ulcer disease² refractory to routine treatment, as gastric malignancy, as fever of unknown origin or as gastric outlet obstruction.

Utility of the endoscopy³ is, it tells the morphological ap-

pearance and site of the ulcer and tissue is obtained for acid-fast stain, for histological examination for the presence of bacilli and provides tissue for TB PCR. Granulomas are either caseous or non-caseous. The histological differential diagnosis for small non-caseous granulomas are Crohn's disease, Syphilis and Sarcoidosis. The acid-fast bacilli are usually absent in the specimen and diagnosis is usually done by culture. The other alternative is subjecting the biopsy specimen for tissue PCR⁴. This is the rapid method of diagnosis. In the present case TB PCR is positive. Patient responded to anti tubercular treatment. As the symptoms and presentation of primary gastric tuberculosis is varied and nonspecific, a high index of suspicion is required for making the diagnosis in the patient.



Langhan giant cell

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