



ISOLATED HEPATOSPLENIC TUBERCULOSIS: A RARE PRESENTATION

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KEYWORDS : Hepatosplenic Tuberculosis; Extrapulmonary Tuberculosis; Granulomatous Hepatitis; Atypical Abdominal Tuberculosis

Presentation

A 40 year-old known diabetic female presented with complaints of Low grade fever for 2 months Yellowish discolouration of eyes and urine for past 1 month .

Associated with complaints of significant weight loss.

No complaints of pain abdomen or pruritus or clay stool or abdominal distension.

No history of CAM intake.

No complaints of cough with expectorations or shortness of breath.

No prior history of treatment for TB or contact with a patient of TB

History of FESS for allergic fungal rhinorrhea in August 2024.

On Physical examination, patient was having icterus with hepatomegaly(palpable upto 3 cm below right coastal margin) and spleen (palpable below 2 cm below left coastal margin) .

No palpable lymphadenopathy
Investigation

Laboratory examination revealed Hemoglobin 12g/dL; TBC 6600/mm³;

RFT was normal.

LFT showed total bilirubin of 4.2 mg/dL with a direct component of 2.4 mg/dL;

SGOT-39 IU/L and SGPT-34 IU/L.

On serology, the patient was non-reactive for HIV types 1 and 2, hepatitis B surface antigen (HBsAg) and antibodies to hepatitis C virus.

Fasting and PPBS were raised, at 191 and 294 mg/dL, respectively.

ACE levels were 100U.

CECT ABDOMEN(2/12/24):Showed liver of size 19cm, enlarged with altered attenuation.

Tiny hypodense nodules noted throughout liver parenchyma.

Spleen 14.7cm, multiple hypodense nodules noted throughout. small umbilical hernia noted.

MRCP(28/11/24)Liver Enlarged (19cm) with multiple hypointense nodular lesion involving liver & spleen. (spleen enlarged ,14 cm)

CBD, IHBR, CHD not dilated. MPD-normal. Multiple signal voids noted in GB lumen,

Chest Xray : Normal

USG guided liver biopsy done by using biopsy gun. 4 tissue samples were taken from left lobe of liver & sent for HPE.

Histopathology showed

mild sinusoidal dilatation

with no evidence of steatosis / steatohepatitis.

moderate expansion of the portal tracts with Epithelioid granuloma/ Multinucleated giant cells .

Stains for fungi and AFB TB were negative.

No inclusions body.

Iron stores are also not increased.

Based on clinical ,radiological and histopathological evidence of hepatosplenic TB,patient was started on modified ATT and now is on her 1st month of intensive therapy.Patient noted significant Symptomatic improvement in low grade fever and generalised fatigue after initiation of ATT.

DISCUSSION

Extra pulmonary TB accounts for around 15% of all TB.

Isolated hepatic and splenic TB in the absence of disseminated disease is exceedingly rare.

The diagnosis of hepatic and splenic TB is challenging, as the clinical presentations are non-specific and range from being asymptomatic to manifesting fever, weakness, weight loss, abdominal pain, hepatosplenomegaly and, rarely, portal hypertension.

Based on CT findings, hepatic TB has been categorised into three major types, namely:

- (1) parenchymal, (m/c)[Miliary/nodular/Mixed.]
- (2) serohepatic -thickening of the liver capsule.
- (3) tubercular cholangitis-diffuse irregularly dilated intrahepatic ducts or diffuse calcifications

The present case is unusual, in that no other focus of TB was detected in the lung, gastrointestinal tract or lymph nodes, and the disease involvement was restricted only to the liver and spleen.

TB should always be considered in the differential diagnosis of multiple hypodense lesions in the liver and in the spleen, especially in endemic areas and in immunocompromised patients.I

CONCLUSION:

Apart from lymphoma, metastasis and other granulomatous conditions, such as sarcoidosis and fungal infections, tuberculosis should also be included in the differentials for multiple hypodense lesions in the liver and in the spleen.

It is imperative to diagnose this condition early, as mortality rates for untreated abdominal TB is as high as 50%.

Histopathology remains the gold standard for diagnosis of tuberculosis, especially in its atypical presentations, isolated hepatosplenic tuberculosis.