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RARE PRESENTATION OF TUBERCULOSIS IN LIVER AND SPLEEN.

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ABSTRACT

Splenic & hepatic tuberculosis (TB) is very rare but important type of abdominal TB in India. Its prevalence is increasing with the epidemic of HIV-TB co-infection. The range of radiological manifestations of splenic TB is poorly described. Ultrasonography of the spleen is an affordable, non-invasive imaging modality, which can be helpful in diagnosis of splenic TB and assessment of therapeutic response. Ultrasound finding shows single or multiple hypoechoic focal lesions, splenic abscess. CECT is required when the diagnosis is not clear. On CECT lesion appears nonenhancing micro or macronodular type with splenomegaly.

KEYWORDS

INTRODUCTION -

Tubercular infection constitutes one of the top 10 causes of death and morbidity across the world. With the emergence of HIV and AIDS, the disease has become pandemic in nature. Even though the most common presentation is pulmonary TB, extra pulmonary TB accounts for around 13% of all TB cases[1]. Isolated hepatic and splenic TB in the absence of disseminated disease is exceedingly rare and poorly described in the literature. The diagnosis is difficult and delayed due to non- specific clinical and imaging features. Here we describe a rare case of isolated hepatosplenic tuberculosis.

CASE REPORT–

Case presentation of 54 year male presented with high grade fever during evening hours and pain abdomen for last one month with loss of weight

On examination patient had pallor with hepatomegaly and mild splenomegaly. Serum hemoglobin level 8.8 gm/dl, erythrocyte sedimentation rate 88 with normal tumor markers.. USG abdomen showed multiple hypoechoic lesions in both liver and spleen shown in Fig1(A,B). CECT abdomen scan showed multiple non enhancing lesions in the liver and spleen shown in fig 1(C,D). Pus was aspirated under CECT and diagnosis was made with culture and gene expert. Patient was started on Anti tubercular therapy (ATT) category1. The patient was alright in follow up.

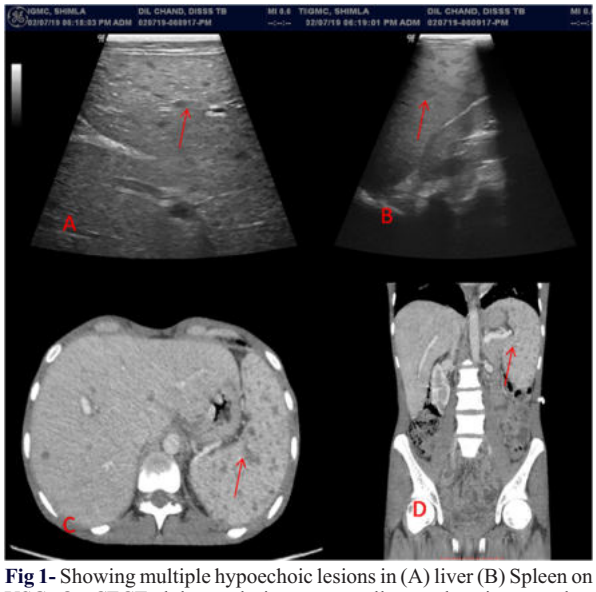

Fig 1- Showing multiple hypoechoic lesions in (A) liver (B) Spleen on USG. On CECT abdomen lesions are small nonenhancing round to oval in shape in liver and spleen (C) Axial (D) Coronal images.

DISCUSSION -

Isolated hepatosplenic TB is rare. It is due to the lack of oxygen in the liver, which is not favorable to the development of mycobacteria[1]. Reed et al have classified hepatic TB into three morphological types: (A) TB of the liver associated with generalized miliary TB, (B) primary miliary TB of the liver and (C) primary tuberculoma or abscess of liver[2]. Path morphologically, splenic TB is of five types: miliary TB, nodular TB, tuberculous splenic abscess, calcific TB and mixed type[3]. There is often delay in making the diagnosis. Imaging features of hepatic and splenic TB are nonspecific, and have overlapping features with conditions such as metastasis, lymphoproliferative diseases and other granulomatous conditions, including sarcoidosis and fungal infections. The described USG features include well-defined to ill-defined hypoechoic lesions with or without specks of calcification[8]. CECT features include non-enhancing to heterogeneously enhancing hypodense lesions, with central necrosis in cases of tubercular abscesses. Histopathological and/or microbiological evidence is a must for establishing a diagnosis of hepatosplenic TB.

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