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UNCOMMON PRESENTATION OF A COMMON DISEASE-HEPATIC TUBERCULOSIS

General Medicine

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KEYWORDS

UNCOMMON PRESENTATION OF A COMMON DISEASE

- A 32yr old male presented to the casualty on 24/10/23 at around 5pm with complaints of
- Fever since 2months
- Decreased appetite since 2months

History Of Presenting Illness

- The patient was apparently normal 2 months back when he c/o fever, on and off, high grade, associated with chills, no rigor.
- C/o decreased appetite since 2months,associated with weight loss(around 7kg in two months)
- No h/o cough with expectoration
- No h/o breathlessness.
- No h/o multiple joint pains
- No h/o high risk behaviour
- No h/o rashes.
- No h/o burning micturition.
- No h/o headache/vomiting.
- No h/o evening rise of temperature.
- Past History-N/k/c/o Hypertension/Diabetes mellitus/ Tuberculosis/ Bronchial Asthma.
- Family history-Nothing contributory
- Personal History

Mixed diet Decreased appetite
Regular and normal bowel and bladder movements No addictive habits

Provisional Diagnosis

- Pyrexia Of Unknown Origin
- General Physical Examination

No **Pallor**, Icterus, Clubbing, Cyanosis, **Lymphadenopathy,** Edema.
No **skin rashes**.

Vitals-
PR-102bpm
BP-104/70mmHg
SpO2-98% on Room Air Temperature-101F

Systemic Examination

- CVS- S1,S2 heard.

No murmurs

- CNS-Conscious, oriented.

No focal neurological deficits.
No meningeal signs.

- RS-B/L Normal vesicular breath sounds heard.

No added sounds.

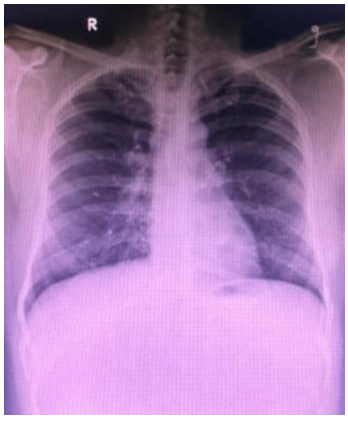
- PA-Soft , Non tender.

No Organomegaly ,Bowel sounds heard.

Investigations

- GRBS-131mg/dl
- WBC-7500
- Neutrophils/Lymphopcytes-82/23
- Hb-13.2
- Platelet count-231k
- Urine routine-2-4 pus cells
- CRP-**176.8**
- ESR- **30**
- Serology(HIV, HBsAg , HCV)-Negative
- S.Creat-0.9
- TB-1.8
- DB-0.8
- IB-1.0
- AST-35
- ALT-33
- ALP-99
- Albumin-3.8
- Serum electrolytes-WNL
- Dengue serology-Negative
- PS For MP-Negative
- Widal test-Negative
- Mantoux test-Negative
- AFB-Negative
- 2D Echo-Normal study.
- Blood culture and Urine Cultures yielded no growth.
- ANA Profile-Negative

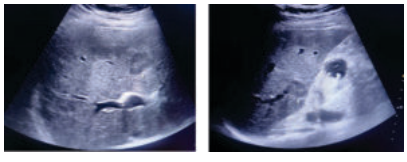
Chest X-ray



USG Abdomen & Pelvis was done as part of evaluation, which showed

- Few focal hypoechoic lesions with irregular margins seen in segment II,IV,V and VII, largest of them measuring 2.6x2.4cm in segment II of the liver.
- Most of the lesions were seen in the subcapsular location with subtle posterior acoustic enhancement-Advised LFT correlation and CECT Abdomen and Pelvis for further assessment if indicated.
- Mild splenomegaly.

USG Abdomen And Pelvis

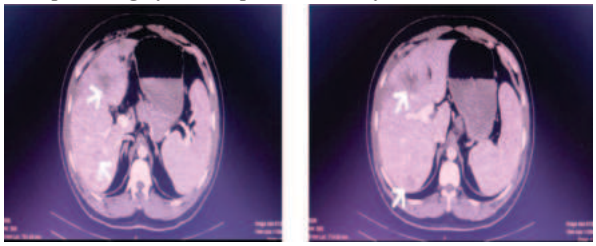


Differential Diagnosis

- At this stage,we made a differential diagnosis of

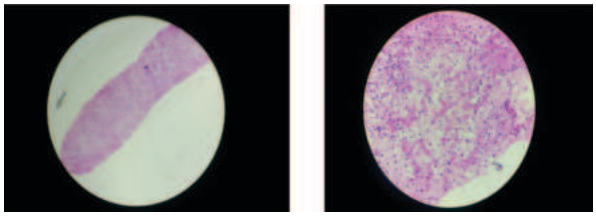
1. Metastatic lesion in the liver ?Primary
2. Multiple liver abscess.

- CECT Abdomen and Pelvis was done on 27/10/2023 showing **Multiple solid lesions in the liver, metastasis to be considered. Splenomegaly, dilated portal venous system.**



CECT Abdomen And Pelvis

- CT guided liver biopsy was done on 30/10/2023 for confirmation of the type of liver lesion,which revealed distorted architecture with hepatocytes arranged in sheets and an occasional central vein.Also noted are **benign** looking spindle cells and **chronic inflammatory infiltrate.No evidence of atypia/granuloma noted in the sections studied.**



Liver Biopsy

- Patient needed further evaluation.PET scan was done on 04/11/2023 to identify the type of lesion and primary i/v/o strong suspicion of metastasis.

PET CT Revealed-

- Multiple metabolically active hypodense lesions with peripheral enhancement noted in both the lobes of liver-suspicious for primary malignancy.
- Mild splenomegaly noted.
- Metabolically active abdominal and retroperitoneal lymph nodes noted, likely Nodal metastatsis.
- Metabolically active few mediastinal lymph nodes noted appears indeterminate.
- No other metabolically active lesion noted elsewhere.
- Following PET-CT, liver biopsy was repeated for confirmation of malignancy(since the previous biopsy excluded malignancy) on 06/11/2023 ,which showed Features of **caseating granulomatous lesion.**
- No evidence of malignancy.
- Gene Xpert was done for confirmation of Tuberculosis as shown in the liver biopsy report.
- Gene Xpert showed detection of Mycobacterium tuberculosis complex,and the patient was started on AntiTubercular therapy.

Final Diagnosis

Hepatic Tuberculosis

1. Primary hepatic miliary tuberculosis
2. Multiple tuberculomas of the liver.

Hepatic Tuberculosis

- Tuberculosis remains the most common cause of patients presenting as Pyrexia of unknown origin.
- Hepatic Tuberculosis is a rare entity in an immunocompetent patient[1].
- It has a frequency of about 0.5-1.2%[1].
- The average age of patients with hepatic tuberculosis is 30yrs(ranging from 17-50y)[1].
- HTB is classified in three types which include the miliary tuberculosis derived from generalised infection,Primary hepatic miliary tuberculosis,and the rarest nodular lesion Tuberculoma[2].
- The basic lesion is the Granuloma, which is very frequent in the liver in both Pulmonary and Extrapulmonary Tuberculosis[2].
- The clinical approach to Hepatic tuberculosis needs a strong clinical suspicion as it is considered a clinically silent disease with no specific symptoms,signs,laboratory nor imaging findings[3].
- Liver bisopsy is indicated in patients with unexplained fever and weight loss with hepatomegaly or hepatosplenomegaly[2].
- It's hallmark is a central caseating necrotic granuloma with or without acid-fast bacilli[3].
- Thus,it is of paramount importance to suspect its presence in cases with diagnostic dilemmas and conduct liver biopsy where possible[3].
- HTB can be managed effectively if diagnosed in time[3].

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1. Rare Localization of Tuberculosis: A Case Report and a Review of the Literature
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3. Garmpis N, Damaskos C, Garmpi A, Liakea A, Mantas D. The Unexpected Diagnosis of Hepatic Tuberculosis in an Immunocompetent Patient.Case Reports in Surgery. 2020 Oct 6;2020:1-4.