ORIGINAL RESEARCH PAPER

General Surgery

A RARE CASE OF ISOLATED SPLENIC TUBERCULOSIS

KEY WORDS:

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ABSTRACT

A 30 year old female presented to emergency with chief complaint of fever upto 101 F remittent not associated with chills and rigors. On history, examination and investigations it was seen that patient had splenic abscess on ultrasound and patient was started on injectable antibiotics but was not relieved so was decided for splenectomy and then on histopathological examination it was found pt had tuberculosis. ATT was started and improved.

CASE REPORT

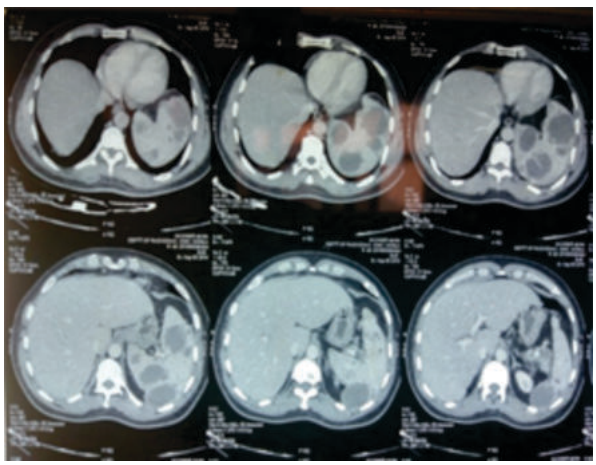
HISTORY

A 30 year old female presented to emergency with history of fever, documented upto 101°F, remittent not associated with chills and rigor . No H/O pain abdomen. No H/O weight loss, decreased appetite. No other systemic abnormalities. Not a K/C/O TB/DM. On examination

- Abdominal examination was normal. No tenderness, guarding, rigidity, rebound tenderness, any solid organomegaly or lump palpable
- Rest of Systemic examination was within normal limits.

Investigations

- USG abdomen: Spleen measuring 14 cm enlarged and showing multiple heterogeneous lesions with maximum size 6×4 cm, S/O multiple splenic abscesses.
- CECT abdomen(Figure 1)



- Spleen measuring 14 cm in CC extent and shows multiple large peripherally enhancing cystic lesions along with internal septations present in spleen with largest measuring 6 X 4 cm..
- Large multiple lymph nodes in pre/paraaortic, perigastric, perisplenic and peripancreatic region largest measuring 14×8mm. showing peripheral enhancement with central hypodensity suggestive of necrosis.

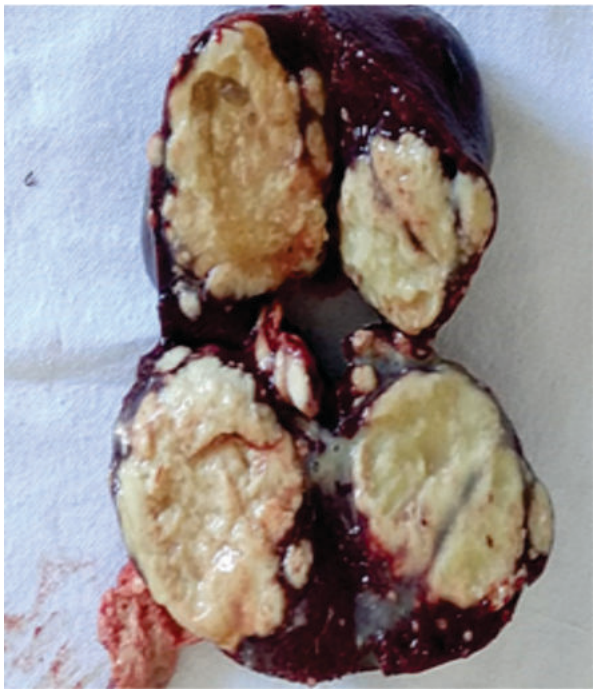
- Blood Investigations: ESR: 120mm at 1 hr, Other blood investigations were WNL.
- CXR-PA view: WNL
- USG guided aspiration done
- Pus C/S:- Sterile
- CBNAAT :- Not detected
- ZN staining:- No organism detected
- GM Staining:- No organism detected

Treatment

- Patient was being managed conservatively did not respond so patient was planned for Splenectomy.

Surgery

- Elective splenectomy was done
- Operative findings: Multiple whitish nodules were present over surface of spleen.
- Spleen dissected , pedicle ligated and cut and splenectomy done.
- On cut section: Multiple large yellowish white mass present. (Figure 2)



- Imprint Smear: Spleen shows cellular smear revealing lymphoid cells, macrophages, neutrophils, isolated epithelioid change, epithelioid granuloma, amorphous necrotic debris, , S/O tuberculosis
- Patient was put on ATT in post-op period.

DISCUSSION

Splenic Tuberculosis

- Epidemiological prevalence of splenic tuberculosis is difficult to ascertain as there has been few isolated case reports of the splenic tuberculosis from the different parts of the world. In a large series of 37 cases with focal lesions of the spleen, Joazlina et al found only 4 cases having the tuberculous etiology.[3]
- Splenic tuberculosis usually occurs following the haematogenous spread of infection, as a part of disseminated disease, or, occasionally due to contiguous spread of infection. Immunodeficiency is an important risk factor for splenic tuberculosis.[4]

Presentation

- There are no specific symptoms for establishing the diagnosis of splenic TB.[6]
- Splenic enlargement in association with pyrexia of uncertain origin is a clinical sign commonly observed.[4]
- The clinical presentation of splenic TB is often non-specific, making the diagnosis difficult and is, probably, one of the reasons for a lower prevalence. Splenic TB should be considered in patients presenting with fever of undetermined origin and abdominal pain.[4]

Investigations

- Prior to the advent of ultrasonography and computed tomography (CT), it was very diffficult to make the diagnosis. At present, CT is the preferred imaging modality.
- The characteristic CT features of splenic tuberculosis include solitary / multiple nodular or saccular foci or hypodense areas in the spleen.[5]

Treatment

- The first-line management of the splenic tuberculosis is considered to be anti-tubercular chemotherapy with a significant number of the patients responding to it. Surgery may be appropriate in subjects having rupture of the spleen or if the anti-tubercular treatment recurrence.[4]
- Treatment for tuberculosis should last for more than 6 months. Standard anti-tuberculosis medication should be taken preoperatively and postoperatively if an operation is carried out.[7]

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