

Ileocecal Tuberculosis Mimicking Malignant Tumors

Qian Hu ¹, Wei Liu ^{2*}, Shi-Hua Zheng ³

¹ The First College of Clinical Medical Science, China Three Gorges University, Yichang, China

² Institute of Digestive Disease, China Three Gorges University, Yichang, China.

³ Department of Gastroenterology, Yichang Central People's Hospital, Yichang, China.

*Correspondence Author: Wei Liu, Institute of Digestive Disease, China Three Gorges University, 8 Daxue Road, Yichang 443000.

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Abstract

A 77-year-old man with no significant past medical history presented with right lower abdominal pain. He complained weight loss of 5 kg in 3 months. The patient denied fever, vomiting, diarrhea, and change of stool color.

Keywords: tomography; lymphocytic; abdominal pain

Introduction

A 77-year-old man with no significant past medical history presented with right lower abdominal pain. He complained weight loss of 5 kg in 3 months. The patient denied fever, vomiting, diarrhea, and change of stool color. Physical examination revealed a distended abdomen with tenderness at

palpation within the right lower quadrant. The initial blood count showed mild anemia (hemoglobin 10.6 g/dL) and hypoproteinemia (29 g/L). Normal lungs were shown by computed tomography (CT) of the chest. Abdominal CT showed bowel wall thickening in the caecum and ascending colon (Figure 1A, B).

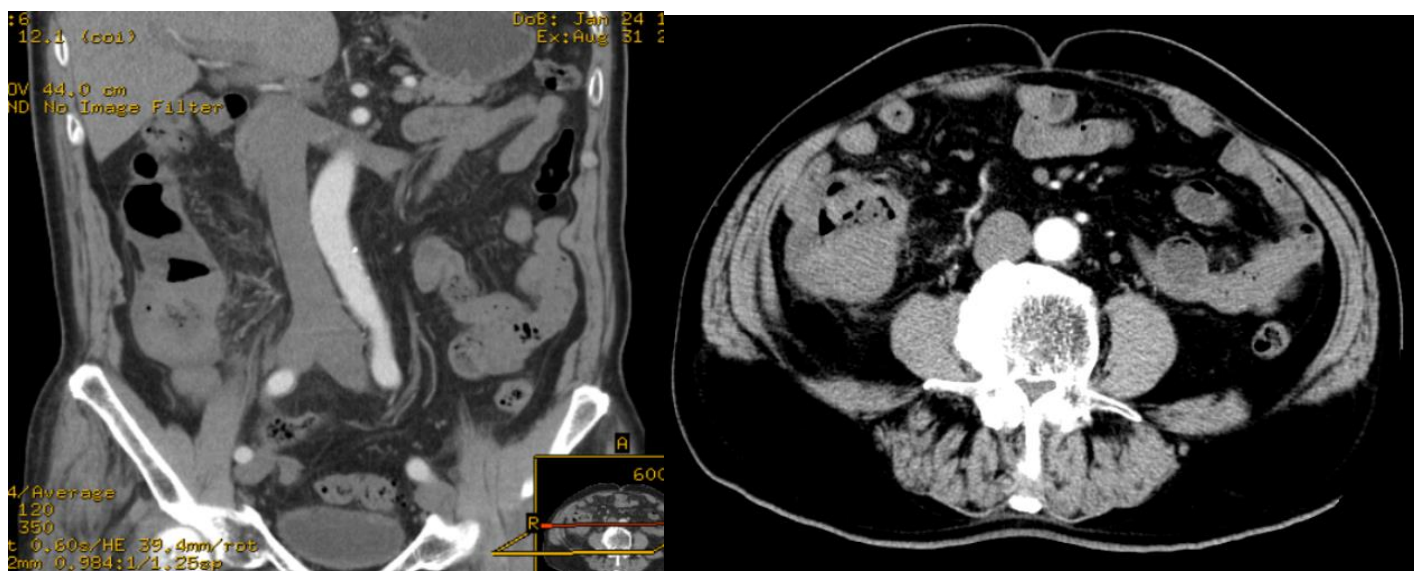


Figure 1: A, B. Abdominal CT showed bowel wall thickening in the caecum and ascending colon.

Retrograde ileocolonoscopy was performed. A 5-cm semicircular, exophytic neoplasm with an ulcerating surface occupying the ileocecal region was discovered (Figure 2A, B, C).

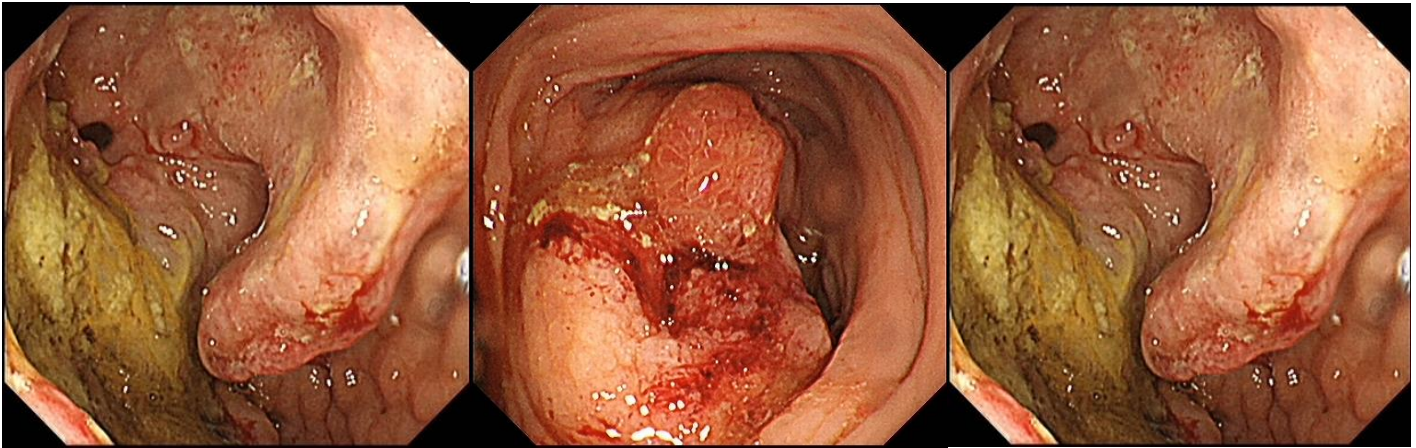


Figure 2: A, B, C. Retrograde ileocolonoscopy showed a 5-cm semicircular, exophytic neoplasm with an ulcerating surface occupying the ileocecal region. Upper gastrointestinal endoscopy did not reveal any irregularities. Histologic examination of samples extracted from the tumor by means of hematoxylin and eosin staining showed a lymphocytic infiltrate of the colonic mucosa and granulomatous inflammation (Figure 2D).

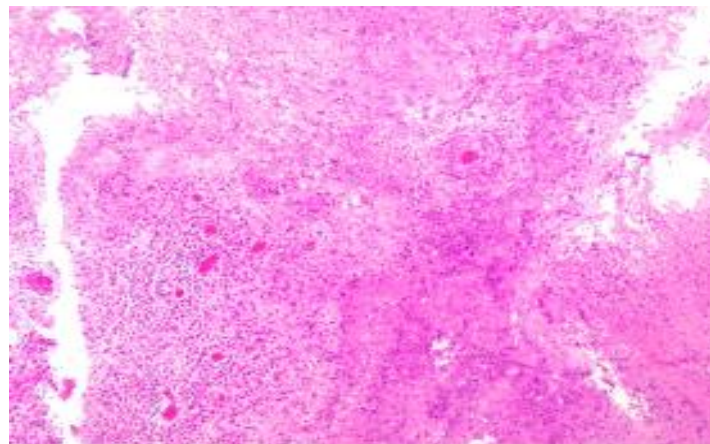


Figure 2: D. Hematoxylin and eosin staining revealed a lymphocytic infiltrate of the colonic mucosa and granulomatous inflammation. No malignant cell was found. The T-SPOT.TB test was positive. Diagnosis of Ileocecal tuberculosis was confirmed by the detection of DNA of *Mycobacterium tuberculosis* through polymerase chain reaction. The lesion was isolated and localized to the ileocecal region considering normal chest CT and upper gastrointestinal endoscopy. The patient responded well to conventional antituberculous drugs. In conclusion, Ileocecal tuberculosis may mimic malignant tumors in endoscopic and radiographic findings, which is a rare cause of abdominal pain [1-3]. Endoscopic and molecular techniques may contribute to make a correct diagnosis and avoid risky surgical interventions.

Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. Written informed consent was obtained from the patient for publication of this “GI Image”. Board institutional approval was not required.

Author's contributions

Collection of data and writing: Qian Hu.

Manuscript preparation: Shi-Hua Zheng.

Final approval of the manuscript: Wei Liu.

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