## **Extrapulmonary Tuberculosis**

## Tuberculose Extrapulmonar



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Fig. 1 - Abdominal Computed Tomography (CT) showing irregular thickening and contrast enhancing of the caecum walls (star), with adjacent perilesional lymph nodes (black arrows).

Fig. 2 – Abdominal Computed Tomography (CT) revealing a large right heterogeneous mass (star), with a necrotic component (black arrow), dislocating the rectum posteriorly (white arrow).

Fig. 3 - Thoracic Computed Tomography (CT) indicating the presence of multiple small nodules (white arrows) and an excavated thickened-wall lesion in the upper right lobe (black arrow), suggesting both miliary and cavitary lung disease.

*Fig. 4 - Histological analysis of post-surgical samples confirming the presence of granulomatous lesions with a central caseous necrosis (black arrows).* 

An HIV-positive, 43-year-old woman presented with diffuse abdominal pain and constipation. Abdominal Computed Tomography (CT) indicated irregularly thickened, contrast-enhanced caecum walls with perilesional lymph nodes (figure 1). Moreover, a right heterogeneous adnexal mass was dislocating the rectum posteriorly (figure 2). Thoracic CT showed multiple small nodules and an excavated thickened-wall, upper-right lobe lesion (figure 3). Sputum examination confirmed pulmonary tuberculosis, and ileocolectomy and adnexectomy samples analysis indicated granulomatous lesions with central caseous necrosis (figure 4). Cultures confirmed extrapulmonary tuberculosis. Oral third-

-line therapy was initiated, and good response was observed.

Approximately 50% of all HIV patients with tuberculosis have extrapulmonary involvement.<sup>1</sup> Gastrointestinal lesions are predominantly (90%) ileo-caecal located,<sup>1.4</sup> but only 15% exhibit pulmonary disease.<sup>2</sup> Genital tuberculosis stricken 10-20% of women with extrapulmonary involvement, mainly affecting the Fallopian tubes.<sup>2.4</sup> The presence of both miliary and cavitary lung disease, while infrequent, have increased our clinical suspicion of tuberculosis. However, definitive diagnosis may only be confirmed after histological analysis and specimens' cultures.<sup>2</sup>

## REFERENCES

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