

A case of isolated pancreatic tuberculosis mimicking pancreatic carcinoma

Pankreas karsinomunu taklit eden izole pankreas tüberkülozu olgusu

To the Editor,

Tuberculosis involves primarily the lungs. It can be seen in extrapulmonary locations in about 15% of all cases (1). Abdominal tuberculosis attacks mainly the abdominal lymph nodes and the ileocecal junction, while the rest of the gastrointestinal tract is rarely affected (2,3). Pancreatic involvement of tuberculosis is extremely rare. We present a case of pancreatic tuberculosis that was mimicking pancreatic carcinoma clinically and radiologically on admission.

A 65-year-old female patient referred to our institution with complaints of fatigue, abdominal pain, weight loss, and fever, which had begun three months ago. Her medical history revealed no known illness except Alzheimer's disease. Physical examination revealed only epigastric tenderness. Laboratory investigations showed erythrocyte sedimentation rate as 44 mm/h and C-reactive protein (CRP) as 12 mg/dl. Other laboratory tests were normal. In abdomen computed tomography (CT), a heterogeneous mass of 5x4 cm with cystic

components at the head and corpus of the pancreas was detected (Figure 1). A fine needle aspiration biopsy was done under the lesion directed by CT. Histopathological analysis reported an inflammation with epithelioid macrophages and Langhans giant cells along with lymphocytes and granulomas with central caseous necrosis. According to these findings, a pancreatic tuberculosis diagnosis was established, and an antituberculosis treatment with isoniazid 300 mg/d, rifampicin 600 mg/d, pyrazinamide 1500 mg/d, and ethambutol 1500 mg/d was started. All complaints regressed in the second month of the treatment, and CT was totally normal at the end of the first year (Figure 2). The patient is under follow-up in our clinic and remains symptom-free two years after the diagnosis.

The possibility of tuberculosis should be considered in the differential diagnosis for a tumoral mass located in the peripancreatic region.

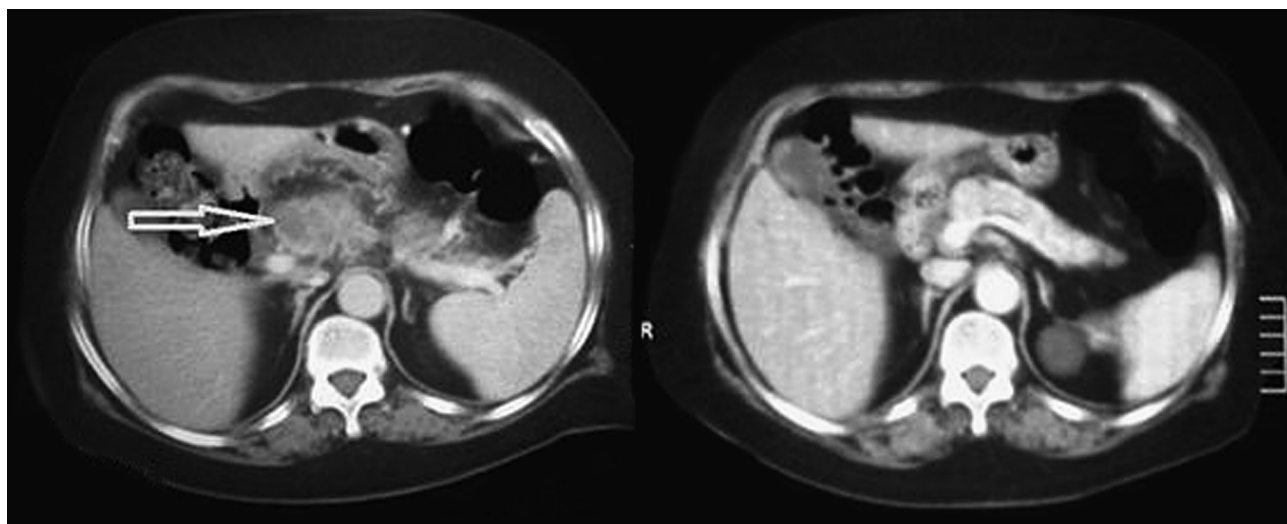


Figure 1, 2. Cystic components in heterogeneous pancreas shown by CT prior to treatment (left) and normal appearance after treatment (right).

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Manuscript received: 24.11.2010 **Accepted:** 07.12.2010

doi: 10.4318/tjg.2011.0304

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