

A Rare Case of Stomach Tuberculosis Perforated and Presented As Abdominal Wall Sinuses

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Abstract

A case of stomach tuberculosis perforated and abscess tracked from the posterior aspect of the stomach towards the skin as multiple sinuses. A stomach biopsy was positive for tuberculosis by a Gene expert. This is a rare form of tuberculosis involving the stomach. From the literature, it is seen that the incidence of gastric tuberculosis is 0.2-0.4%. Surprisingly this patient did not have pulmonary tuberculosis.

Case Summary

A 21-year-old Ms. P was admitted for multiple ulcers in the epigastric region with a fever of 8 months duration with discharging fluid. On examination, multiple sinuses were over the epigastric region discharging sero-purulent fluid. Similarly, a single sinus with a lymph node was seen in the right axilla.

She had a low-grade fever, no cough, no weight loss, and no excessive or irregular menstrual cycle.



Figure 1: Cutaneous sinuses

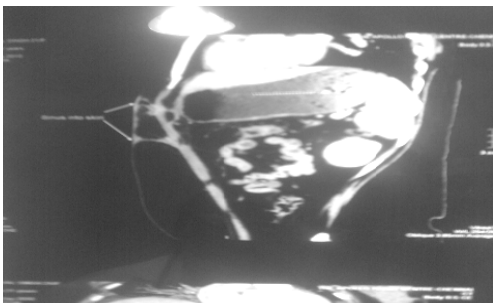


Figure 2: Sinus tract from stomach to skin

CT Scan showing sinuses tract stomach to skin, CT abdomen showed the abscess arising from the posterior part of the stomach tracking forward to the epigastrium and opened outside as sinuses.

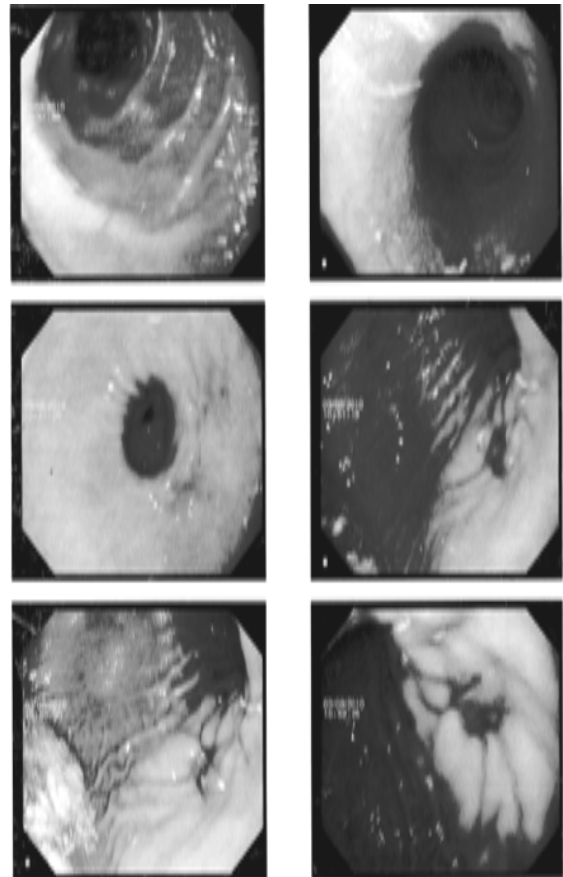


Figure 3: Gastroscopy showing healed stomach tuberculosis with granuloma

Endoscopy revealed a closed perforation of the stomach with granuloma positive for tuberculosis by GENE XPERT. She underwent surgery to remove the abscess cavity along with the sinus tract. HPE examination revealed tuberculosis. Similarly, the same disease is in the axillary node.

This is a very rare case of stomach tuberculosis which perforated and formed a cutaneous sinus with a low-grade fever for many months with no loss of weight or no evidence of pulmonary tuberculosis. She received Anti-Tuberculosis treatment and doing well.

Conclusion

Gastric tuberculosis is usually associated with pulmonary tuberculosis or an Immunodeficient state. Primary involvement of

the stomach is very rare 0.4-2% because of the bacteriostatic property of gastric acid and scarcity of lymphoid tissue in the gastric wall, and thick intact gastric mucosa. The differential diagnosis of gastric tuberculosis can be carcinoma, lymphoma, and syphilis.

Reference:

1. World journal of Gastroenterology (WJG) Abdominal tuberculosis of the GI tract – Uma debi and others, 2014 Oct 28; 20(40) 1431-14840