

Persistent Abdominal Pain Linked to Tuberculous Colitis

Scott Fraser, MD; Kengo Soghoyan, MB BCh BAO; Jared Micho, MD; Michael Rusche, MD

Introduction

- Tuberculous colitis is a rare form of tuberculosis, often presenting with non-specific gastrointestinal (GI) complaints.
- Diagnosis can be challenging due to the non-specific presentation mimicking other GI disease processes.
- Roughly 2% of Tuberculosis cases are related to the GI tract.

Case Description

- A 70 year-old-male with a history of missionary work in Haiti presented to our clinic with abdominal pain and iron deficiency anemia (IDA). The abdominal pain was right sided, non-radiating and associated with night sweats and a 25 lb weight loss.
- Physical exam was significant for right sided tenderness, no rebound or guarding were present.
- Patient underwent initial Upper and lower endoscopy which was significant for deep ulcerations at ileocecal valve and hepatic flexure as well as severe terminal ileum stenosis.
- CT abdomen was significant for colonic thickening extending to splenic flexure.
- Repeat colonoscopy again showed deep ulcerations at the hepatic flexure.
- Patient was referred to Infectious disease and completed a four-drug regimen for *Mycobacterium tuberculosis*.
- Due to persistent symptoms patient was referred to general surgery and underwent right hemicolectomy. Following surgery, patient had improvement in symptoms.

Clinical Images

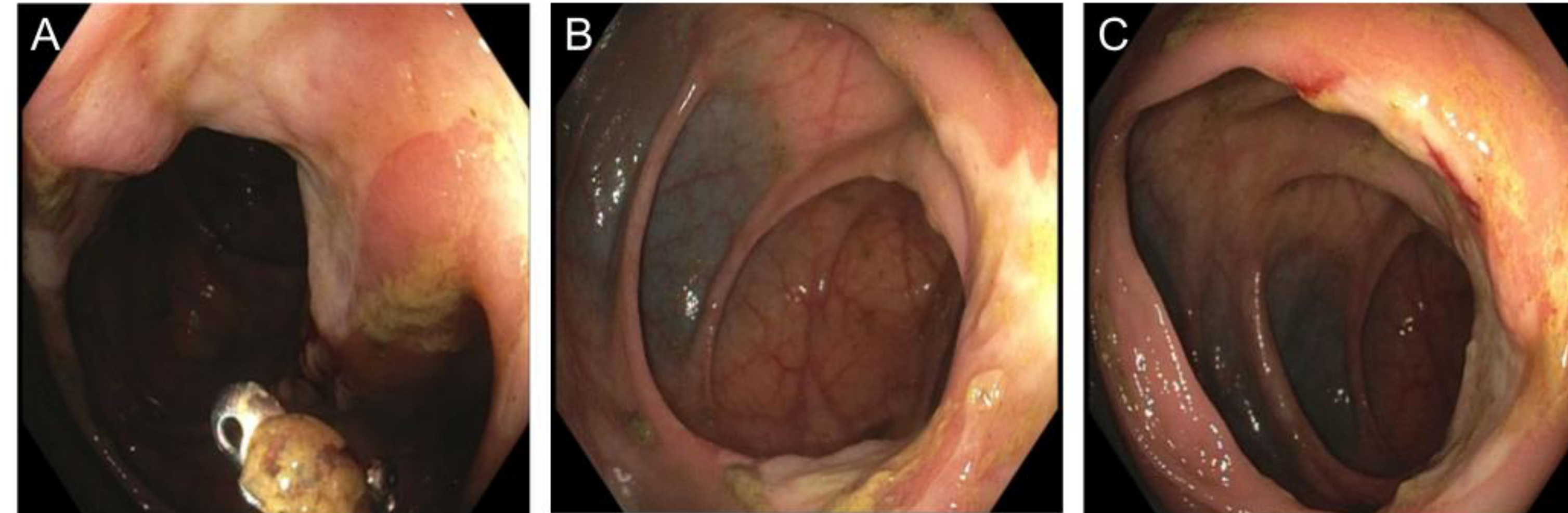


Figure 1.A & B) Lesion with inflammation prior to biopsy.
Figure 1.C) Lesion post-biopsy.

Results

- Initial labs significant for IDA and elevated ESR.
- Initial colonoscopy biopsies revealed granulomatous inflammation without crypt architectural distortion.
- Repeat colonoscopy biopsies were significant for non-specific inflammation.
- Samples sent for AFB and culture were positive for AFB growth but final identification was unable to be determined due to contamination.

Discussion

- Tuberculous colitis is a rare form of TB and often presents with non-specific GI complaints.
- There are no clear diagnostic algorithms, although biopsy is one of the first recommended interventions. Other reports suggest monitoring CD4 counts and polymerase chain reaction—both require validation.
- Due to its generalized presentation, TB colitis can be mistaken for inflammatory bowel disease, as seen in our patient with ileocecal involvement.
- Our case is unique in that symptoms persisted and the disease progressed, despite antituberculin therapy.
- Studies report resolution of TB colitis following secondary rescue regimen; however, our patient's disease process was more extensive. As with our patient, if antituberculin therapy is ineffective, surgery may be the only definitive therapy.

References

Please use this QR code to access a Google Document with references used for this work.

