

A Young Immunocompetent Patient Presenting with Extrapulmonary Tuberculosis Complicated by Pancreatic Involvement Mimicking a Malignant Tumor: A Case Report

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INTRODUCTION

- Tuberculosis commonly affects the lungs and is communicable through respiratory droplets
- Extrapulmonary Tuberculosis can involve almost any organ but is much less common and more difficult to diagnose in the GI tract

CASE DESCRIPTION

Chief Complaint: Headache, nausea, vomiting

HPI: 24 year old Somali woman without PMH presented with progressive headache, nausea, vomiting. Reported multiple falls with seizure-like episodes and numerous skin lesions that have developed ulcerations.

Physical exam:

Gen: Alert and conversant, clearly uncomfortable

CV: Regular rate and rhythm. Warm and well perfused.

Resp: Clear to auscultation bilaterally

GI: Soft, nondistended, nontender. BS present.

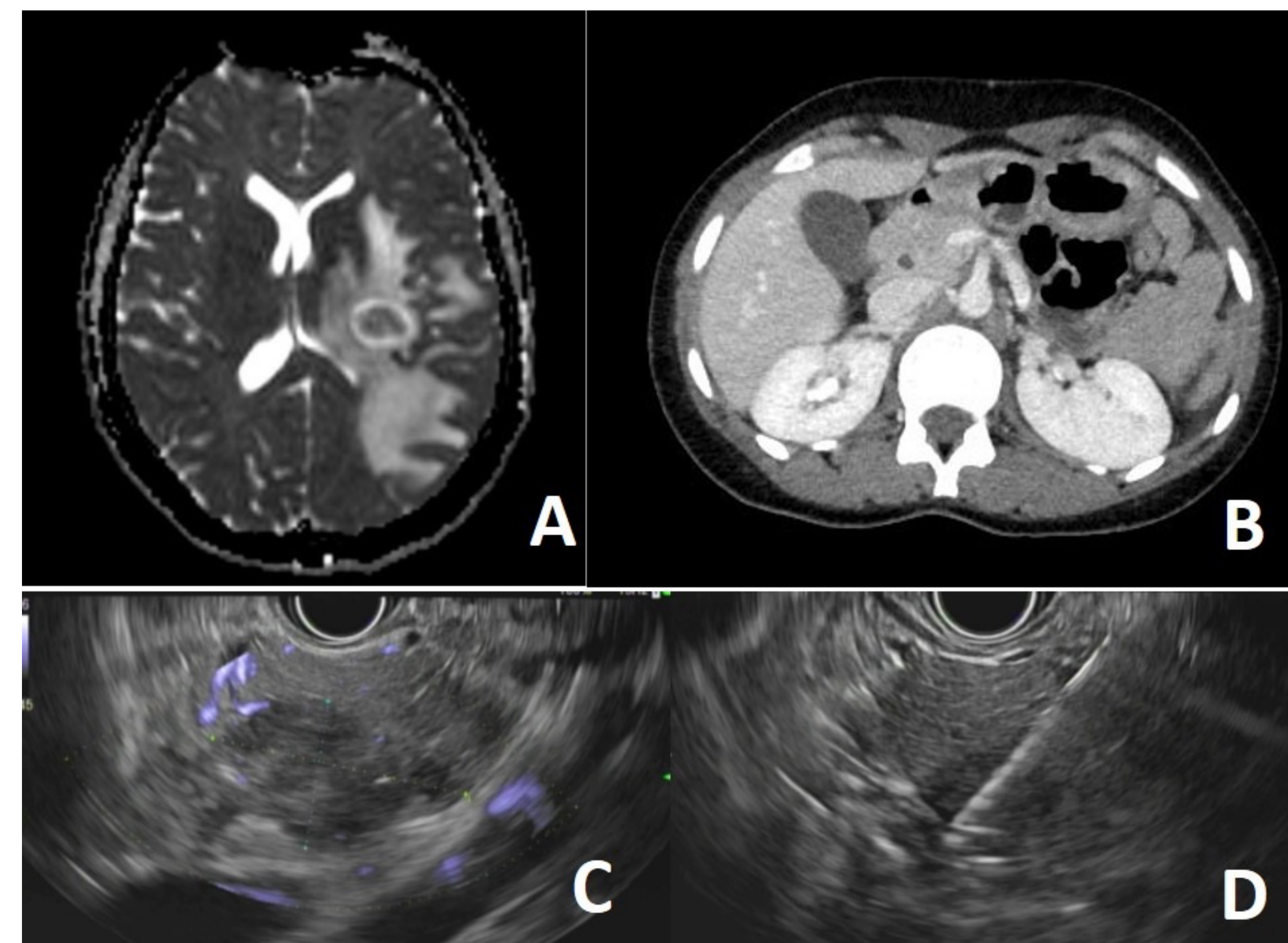
Neuro: Alert and oriented x 4 without focal neuro deficits

Skin: Several 1-3 cm ulcerated lesions on the left arm

WORKUP & INTERVENTIONS

- MRI brain (Figure A): Rim-enhancing lesion with surrounding vasogenic edema
- CT abdomen/pelvis (Figure B): Ill-defined pancreatic head mass with mass effect on portal vein and superior mesenteric vein
- Endoscopic ultrasound (Figures C and D): Poorly demarcated hypoechoic lesion with calcifications and focal necrosis

FIGURES



OUTCOME

- Cytopathology from EUS with biopsy was negative for malignancy and acid-fast stain
- Neuroradiology re-evaluated MRI and felt could be consistent with atypical infection
- Punch biopsy of skin lesions revealed necrotizing granulomatous inflammation
- Multidisciplinary team felt presentation consistent with extrapulmonary TB
- Patient started on Rifampin, Isoniazid, Pyrazinamide, and Ethambutol with clinical improvement

CONCLUSIONS

- ❖ The diagnosis of extrapulmonary Tuberculosis can be challenging due to nonspecific symptoms and low sensitivity of the AFB stain
- ❖ Most common sites include bones, lymph nodes, and pleura, while GI organs are much less frequently involved
- ❖ Tissue biopsy of suspected lesions is helpful and can reveal granulomatous inflammation