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Splenic Tuberculosis: A Rare Entity: A Case Report from Tertiary Care Centre in India

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Abstract | **Case Report**

Tuberculosis is a significant health problem in developing countries. Splenic tuberculosis usually occurs as a part of miliary tuberculosis but isolated splenic tuberculosis is very rare. We are reporting the case of a 63 years old immunocompetent female who presented to us with complains of dull aching pain in left hypochondrium and left flank for three months and fever for two months. Laboratory data provided no diagnostic information. Abdominal ultrasonography revealed massive splenomegaly. As spleen was massively enlarged and there was risk of rupture, splenectomy was carried out. From histopathological examination final diagnosis of splenic tuberculosis was made.

Keywords: Tertiary Care, Splenic Tuberculosis.

INTRODUCTION

Tuberculosis continues to be a major health problem worldwide. Pulmonary TB and extrapulmonary TB present with diverse clinical symptoms. Extrapulmonary TB accounts for almost 15% of all cases. Among the extrapulmonary forms; splenic tuberculosis is very rare and has no characteristic symptoms or abnormal imaging findings. Spleen is the third most common organ affected in miliary or disseminated tuberculosis after the lungs and liver but isolated splenic tuberculosis is a rare disease manifestation [1]. Misdiagnosis rate is high if there is no history of tuberculosis in any other organ. In this case report we present the case of splenic tuberculosis.

CASE REPORT

A 63 year old female presented to us with chief complain of pain in left hypochondrium and left flank for three months which was insidious in onset , non-progressive, dull aching in character, non-radiating, no aggravating or relieving factor. Patient also had history of fever for two months which was insidious in onset, low grade, not associated with chills & rigor, rash, relieved on medication. There was no history of cough, hemoptysis or weight loss. On abdominal examination, there was massively enlarged and tender spleen. Routine investigations were within normal limits. Peripheral Blood Film Examination was suggestive of mild anisopoikilocytosis with hypochromic microcytic picture. Few eliptocytes were seen. Platelets were increased with normal morphology. No parasite was detected on smear. No laboratory findings were suggestive of immunodeficiency or HIV. On USG whole abdomen and Doppler of spleno-portal axis, spleen was massively enlarged with size 15.9 cm, normal in shape and echotexture, no focal solid/cystic lesion seen, Portal vein was 14.5 mm on porta with normal hepatopetal flow, PSV=19cm/sec (Fig1).

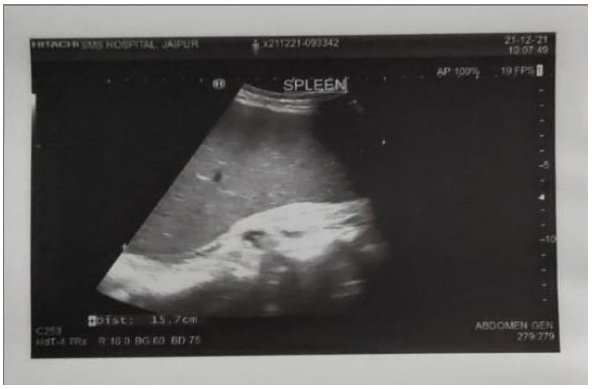

Fig-1

On upper GI endoscopy, esophagus, GE junction, stomach and duodenum were found to be

normal with no signs of portal hypertension. As the spleen was massively enlarged and at risk of rupture, splenectomy was carried out (Fig2).

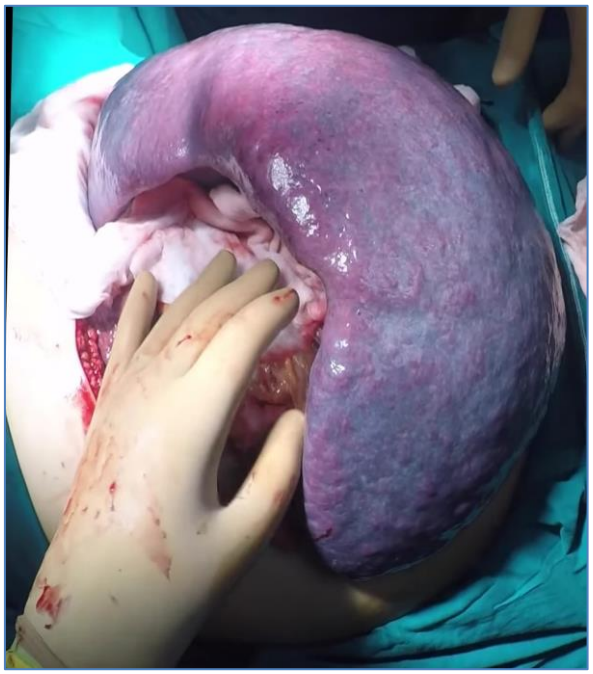

Fig-2

Gross examination of spleen revealed size of 18*12*7 cm. Cut section showed multiple nodules in form of yellowish-white patches. Microscopic examination showed splenic parenchyma with areas of caseation surrounded by multiple granulomas of epitheloid cells and langhan's type giant cells throughout the splenic pulp. Therefore final diagnosis of splenic tuberculosis was made.

DISCUSSION

Primary tuberculosis of spleen is a rare presentation. Mostly it is seen in cases who are HIV infected or immunocompromised. A suspicion for isolated tuberculosis of spleen should be made with fever of unknown origin and abdominal pain, especially in patients from endemic areas [2]. The symptoms for splenic tuberculosis are usually non-specific and deceptive, including fever, abdominal pain, diarrhea, weight loss and anorexia. It can be asymptomatic as well [3]. Anemia is also seen in some cases, either as microcytic or normochromic and elevated ESR may also be an indicator [4, 5]. Diagnosis of isolated splenic tuberculosis is difficult and often delayed because of imprecise clinical manifestations. FNAC, laparoscopic or imaging-guided core needle biopsy (CNB) or splenectomy specimens have been examined for diagnostic confirmation [6]. Clinical presentation with pyrexia of unknown origin and splenomegaly warranted 11.

splenectomy for diagnosis in most of the reported experience of splenic tuberculosis. If a definite diagnosis can be made without splenectomy, splenic tuberculosis can be treated with antitubercular therapy alone [7-9]. Contradictory reports are also available favoring absence of response to antitubercular therapy without splenectomy [10].

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