中文題目：腹內結核在免疫功能正常的病患中偽裝成晚期卵巢癌

英文題目：Peritoneal tuberculosis mimicking advanced ovarian carcinoma in an immunocompetent patient

作　　者：林志豪[1]，王俊偉[1,2]

服務單位：高雄醫學大學附設醫院[1]內科部，[2]胃腸內科

Introduction:

Tuberculosis (TB) remains an important infectious disease in Taiwan, and it could affect any part of the body, including the peritoneum, especially in those immunocompromised people. Peritoneal tuberculosis poses a diagnostic challenge because of nonspecific clinical features such as abdominal distension, ascites, fever, and body weight loss. Furthermore, elevated levels of CA-125, which is the most frequently used biomarker for ovarian cancer detection, may be elevated in peritoneal tuberculosis and lead to the misdiagnosis of ovarian cancer. We present that a 63-year-old immunocompotent woman with ascites, abdominopelvic masses and elevated serum CA-125 levels was initially considered to have ovarian cancer, but was ultimately diagnosed with peritoneal tuberculosis.

Case report:

A 63-year-old woman with a history of depressive disorder under medical treatment, and she suffered from easy bloating after meal intermittently around half month. She also mentioned about constipation, easy malaise, and poor appetite. Besides, there was no bowel habitus change, tarry or bloody stool, chest tightness, palpitation, or even gynecology diseases symptoms and signs. She went to our Gastrointestinal out patient department for help, where chest X-ray, plain abdomen X-ray and general blood test all showed no specific abnormality, and symptom relief medicine was prescribed first for two weeks, but in vain. Thus, further sedative esophagogastroduodenoscopy and colonoscopy were arranged, but only duodenal shallow ulcers and one ascending colon polyp were found. However, abdominal ultrasound exam revealed moderate ascites with suspicion of ovarian cancer or peritoneal cancer. After transferring and admitting to gynecology ward, elevated CA-125 levels was found and pelvic computed tomography presented diffuse hazziness of the mesenteric fat with much ascites, thickening of the peritoneum and suspicious bilateral adenexa neoplasms. The patient first received paracentesis for symptoms relief and then operation with omentectomy, bilateral salpingo-oophorectomy, complicated abdominal total hysterectomy, enterolysis and lysis of pelvic adhesion. The pathology report of surgical specimen represented numerous granulomatous formation with minute necrosis, which can not exclude Mycobacterial infection. Although acid fast stain of ascites, stool, urine and sputum

were all negative results, the tuberculosis culture of ascites yielded mycobacterium tuberculosis complex. After discussing with infectious disease doctor and under the diagnosis of peritoneal tuberculosis, the patient started tuberculosis treatment. The treatment couse was smooth, only fatigue and a little poor appetite were mentioned. Finally, the patient felt dramatically improved gastrointestinal symptoms, and serum CA-125 levels dropped to normal range after completion of 9-month treatment course.

Discussion and conclusion:

We herein report a critical case of peritoneal tuberculosis mimicking advanced ovarian carcinoma in an immunocompetent patient. Clinical manifestations of peritoneal tuberculosis include ascites, abdominal pain and fever, but the lack of specificity in presentation and insidious onset is often difficult to be diagnosed. Moreover, peritoneal tuberculosis is predisposed to several comorbidities and immunocompromising conditions, and only some cases with immunocompetence were reported [1]. Diagnostic tools for peritoneal tuberculosis include radiographic imaging, obtaining biopsy specimens and ascitic fluid analysis. Computed tomography is the most helpful imaging modality to evaluate for abdominal tuberculosis, but culture of Mycobacterium from ascitic fluid and peritoneal biopsy specimen are the most accurate means in definite diagnosis [2,3]. The case had no known risk factors, clear chest X-ray, elevated serum CA-125 levels, suspicious ovarian neoplasm in abdominal ultrasound and computed tomography, and all negative acid fast stain results in ascites, stool, urine and sputum, and was finally diagnosed by both ascites culture and specimen pathology report. As far as we know, high serum CA-125 level clinically indicated gynecologic malignancy and some extra-pulmonary tuberculosis, such as perioneal tuberculosis, tuberculous associated pleural effusions and tuberculous associated pericarditis. Interestingly, elevated serum CA-125 levels presented in the case, and significantly decresed to normal range after completion of antituberculous treatment. The similar results were also seen in other case report [4]. This shows that serum CA-125 levels might be as the monitoring marker of antituberculous treatment. Here, we present this clinical case and share our experience with physicians in Taiwan.