# CASE REPORT

# **Tuberculosis of the liver**

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#### **ABSTRACT**

A fifty years old lady underwent elective extended right hemicolectomy for a mass of ascending and transverse colon along with incision and drainage of abscess in the right lobe of liver. Histopathology turned out to be tuberculous liver abscess and tuberculous colitis. Although tuberclosis is very common in our country, but tuberculosis of liver is rare this case is one of that, showing the decreased immunity of the patient and local spread of disease. The tuberculous liver abscess is rare[1], when present is associated with focus of infection in the lungs or the GIT.

#### CASE REPORT

A 50 years old lady was admitted in medical ward with complaints of pain in the epigastrium for one year and fever with chills for two months. the pain was gradual, moderate associated with food intake along with myalgia and low grade fever in the evening, gradual decrease in appetite, and weight loss. Two month ago she developed fever with rigors which responded to medicine temporaraily. There was no other systemic complaint.

- INVESTIGATIONS:
- Hb: 9.0gm
- ESR: 86
- TLC: 9400
- LFTs:
- BILIRUBIN: 0.9 mg
- Alkaline phosphatase: 205
- SGPT: 25
- Urea: 34mg
- Creatinine: 0.9
- Chest X-Ray: NAD
- Ultrasonography abdomen: Hepatomegaly with focal mass
- Mass in RIF(Mesenteric or bowel mass)
- CT scans Abdomen:

• There is presence of marked circumferential thickening of the walls of the ascending colon. it is extending to involve the transverse colon.

There is presence of mass in segment seven of right lobe of liver measuring 3.2 x2.8 cm. The patient was shifted to Surgical Unit-4 for treatment.

#### **OPERATIVE FINDINGS:**

- 1- A mass involving whole ascending colon extending to the distal part of transverse colon.
- 2- A mass 4 cm x 4cm in right lobe of liver

#### HISTOPATHOLOGY REPORT:

- Tuberculous colitis
- Tuberculous granulomatous lesion in the liver

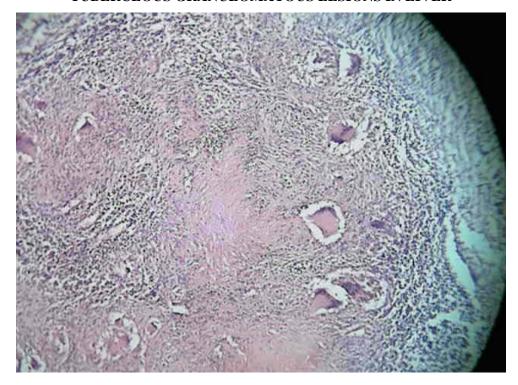
#### **DISCUSSION**

- Three forms of hepatic tuberculosis are described [2].
- The most common is diffuse liver involvement associated with pulmonary tuberculosis
- The second form is diffuse hepatic infiltration without evidence of tuberculosis elsewhere..
- The third form presents as a focal or nodular lesion in liver and presents as tuberculoma or abscess.
- Since 1930, 444 cases of tuberclous liver abscess have been described [3].

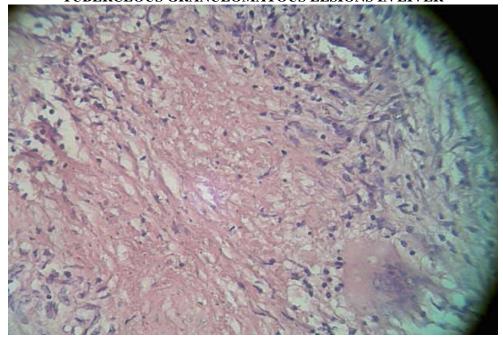
The most common reported symptom is right upper quadrant pain. Fever has been a prominent symptom in the majority of patients reported in the literature.

Hepatomegaly is found in 80-100% of cases[4]. Jaundice occurs in minority. Clinical findings are non specific. The diagnosis is often made at autopsy or at laparotomy. Ultrasonography and CT scan findings show multiseptate liver abscess. Successful histological examination of abscess wall may be required for confirmation of diagnosis. Cumulative mortality of hepatic tuberculosis ranges between 15% and 42%.

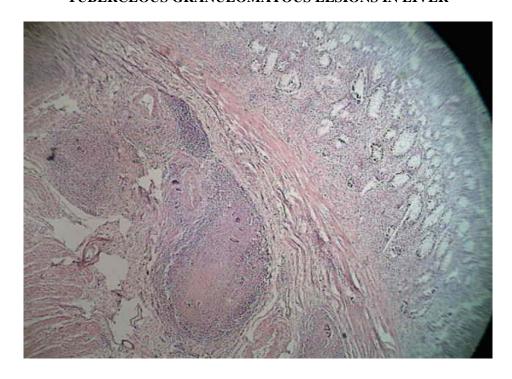
TUBERCLOUS GRANULOMATOUS LESIONS IN LIVER



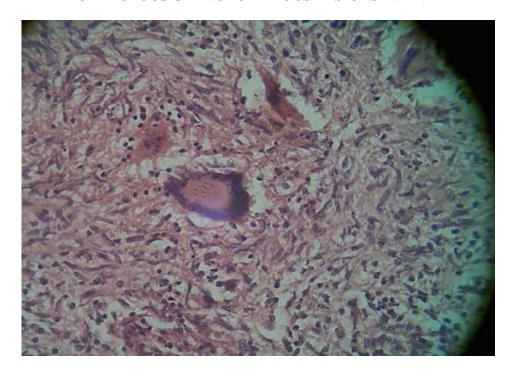
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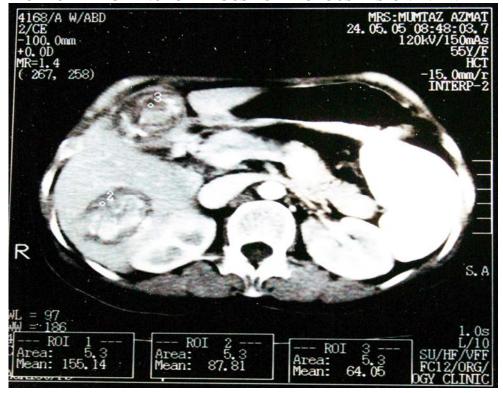
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TUBERCLOUS GRANULOMATOUS LESIONS IN LIVER



# CALCIFIED GRANULOMATOUS TUBERCLOUS LESION IN LIVER



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