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Splenic tuberculosis

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Abstract

According to WHO, 2 million people, equal to a third of the world's total population are infected with tuberculosis bacilli, and global tuberculosis incidence is still growing at 1% a year.

Out of the various extra pulmonary tuberculosis entities, the splenic tuberculosis is extremely rare and delay in diagnosis is frequent.

Though, tuberculosis is not so rare an infectious disease leading to splenic enlargement without involving it, splenic tuberculosis is not frequently seen, and that too restricted largely to immune compromised population.

Keywords: Splenic tuberculosis, tuberculosis bacilli, global tuberculosis

Introduction

Tuberculosis continues to be a major health problem despite recent advances in its diagnosis and management. There are diverse manifestations of this disease with increasing trend of presentation as extra pulmonary tuberculosis.

Splenic tuberculosis is an important manifestation of tuberculosis and should always be included in differential diagnosis of patients presenting with pyrexia of unknown origin associated with splenomegaly.

The splenic involvement is more common in patients with disseminated tuberculosis, however, there are reports of isolated splenic involvement also.

In this case the patient had complains of on and off fever for a duration of 5 months. The patient also had cervical lymphadenopathy. CT scan was suggestive of splenomegaly with multiple hyperechoic focal lesions.

Case Report

A 35 years old male patient presented with complains of on and off fever for 5 months which was associated with evening rise of temperature.

The patient was a know diabetic for 2 years on metformin. The patient also had a history of loss of appetite. The patient had no family history of tuberculosis. There was no previous history of Kochs in the patient.

On examination the patients vitals were stable. The patient had left sided cervical lymphadenopathy.

CT scan reports suggested splenomegaly (size 18.9cms) with multiple hyperechoic focal lesions, abdominal adenopathy suggestive of infective etiology? Kochs.

Lab investigations, Hb- 9.0, WBC- 5000, Platelet- 151000. Renal function and liver function tests were normal. Sickling test was negative.

Tuberculin test was positive. Sputum AFB was negative.

Elisa for HIV was positive.

In our case the patient had long standing fever along with splenomegaly and decision for splenectomy was taken. Along with it cervical lymph node was sent for biopsy.

Histopathological examination of both the specimens of the spleen and the cervical node were suggestive of tuberculosis.

The post operative period was uneventful and the patient had a smooth recovery. There was no fever in the post operative period.

ART and AKT was started post op. The patient was given vaccinations in the form pneumococcal, meningococcal and Hib vaccines.

Stitches were removed 2 weeks after the operation.

Patient was asked to follow up after 2 weeks.

The patient is doing well.

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Histopathology

Section studied from spleen shows unremarkable fibrous capsule. Parenchyma shows epithelioid cell granuloma, langhans giant cell and extensive areas of necrosis suggestive of tuberculosis of spleen.

Section studied from lymph node shows extensive areas of caseation along with epithelioid cell granuloma suggestive of tuberculosis lymphadenitis.

Histopathological image of tuberculosis of spleen and Gross specimen of the spleen



Discussion

Involvement of spleen in tuberculosis usually occurs in miliary or disseminated form of disease; however, spleen may also be involved as an isolated organ.

Patients may have solitary tuberculosis or multiple tubercular abscesses.

It is concluded that high degree of suspicion should be observed for splenic involvement in tuberculosis cases, because of vague clinical manifestations.

With the increasing cases of HIV infection/ AIDS, abdominal tuberculosis with splenic involvement is likely to be detected frequently now-a-days.

Most investigators consider anti tuberculosis drugs to be the first choice in the treatment of splenic tuberculosis and reserve splenectomy for complicated cases that do not respond initially.

Conclusion

We conclude that splenic tuberculosis in HIV infected patients is not uncommon in certain clinical settings and in special populations.

It occurs in more severely immunocompromised patients and can be easily detected by ultrasonography and other imaging techniques.

Splenic involvement does not generally imply a poor prognosis, the clinical response to drug therapy is usually favourable, and splenectomy is rarely necessary.

However splenectomy is performed in patients whom symptoms persist and also in patients who are unresponsive to anti tuberculosis drugs.

References

1. WHO. Tuberculosis - the global burden. Trends in TB incidence in 9 regions of the world, 2005. Available at www.who.int/entity/tb/publications/global_report/en/index.html Accessed: July 19; 2006.
2. Sharma S, Dey AB, Agarwal N, Nagarkar KM, Gujral S. Tuberculosis: a rare cause of splenic abscess. J Assoc Physicians India. 1999; 47:740-1.
3. Joazlina ZY, Wastie ML, Ariffin N. Computed tomography of focal splenic lesions in patients presenting with fever. Singapore Med J. 2006; 47:37-41.
4. Chen XZ, Peng B. Clinical diagnosis and treatment for splenic tuberculosis. Huaxi Medicine. 2008; 23:114.