

CASE REPORT

TUBERCULOSIS OF STOMACH

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INTRODUCTION

Tuberculosis is still a major health problem in Pakistan.¹ No organ of the human body is spared. After lungs, the Gastrointestinal tract is the most frequently affected area². In the GIT however involvement of the stomach is very rare³. We report a case of gastric tuberculosis in a 55-year-old man.

CASE REPORT

Mohammad Nawaz, a 55-year-old man presented with a 3-month history of epigastric discomfort, vomiting and weight loss. During his illness he received various medications from local doctors notably the H2 receptor blockers. His symptoms used to improve transiently but were generally progressive. When he came to us he could barely walk. On examination he was grossly underweight and pigmented. In the epigastrium there was a palpable mass and a succession splash was elicitable. He was clinically diagnosed as a case of pyloric stenosis probably due to a gastric neoplasm. The absence of a long history of dyspepsia and the rapidly downhill course suggested this diagnosis.

A barium meal confirmed the presence of pyloric stenosis. The radiologist suggested neoplasm as the most likely cause for the obstruction. On endoscopy his gastric mucosa was severely inflamed, and there was an ulcerating necrotic mass in the pyloric area highly suggestive of a gastric carcinoma. Histology however showed necrotic tissue.

Due to the persistent symptoms of pyloric stenosis he was subjected to a laparotomy. A gastro-jejunostomy was performed. Findings of the surgeon on laparotomy were "Malignant spread of gastric carcinoma involving the greater curvature of the stomach, the mesentery and the regional lymph nodes." Fortunately for the patient biopsies were taken and sent for histopathology. The specimen revealed caseating granulomas suggestive of tuberculosis.

The patient was promptly put on antituberculous therapy to which he responded remarkably well. On his last follow-up he was completely symptom free and had put on 25 Kgs in weight.

DISCUSSION

Patients presenting with gastric outflow obstruction are common in daily practice. Usual causes are chronic peptic ulceration and antral carcinoma. Radiology usually indicates "the presence" of obstruction. Accurate diagnosis involves endoscopy and histopathology. Even these

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can fail at times. Tuberculosis is very common in Pakistan. An organ like the stomach, resistant due to its chemical environment, can also be affected with marked structural and functional changes as reported in this case. Hence tuberculosis of the stomach may also be included in the differential diagnosis of gastric symptoms and signs.

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