



## Pancreatic Tuberculosis: An Unusual Cause for Pancreatic Mass Mimicking Malignancy

Authors

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### Introduction

Pancreatic tuberculosis is very rare even in regions with high prevalence of tuberculosis, with an incidence reported to be less than 4.7%. Tuberculosis of the pancreas is extremely rare and in most of the cases mimics pancreatic carcinoma. Patients of pancreatic tuberculosis may remain asymptomatic initially and manifest as an abscess or a mass involving local lymph nodes and usually present with non-specific features.

### Case Report

76-year-old male patient, labourer by occupation who is a resident of Mehabubabad was referred from General Surgery Department for tuberculosis work up. The patient presented with one month history of upper abdominal pain, fever with evening rise of temperature, loss of appetite and loss of weight. No history of vomiting, loose stools, cough, shortness of breath, chest pain. He is a known case of systemic hypertension and Hypothyroid in the past six years. Also, a known case of coronary artery disease undergone coronary bypass graft three years back. He is a chronic

smoker and alcoholic. In spite of symptomatic treatment patient had no relief. Vitals were stable. On abdomen examination tenderness was present in epigastric and right hypochondriac region. No palpable mass present. Routine Blood investigations were within normal limits. Chest x-ray was normal. On Sputum CBNAAT was not detected. USG Abdomen and KUB report suggested well defined conglomerate heterogeneously hypoechoic lesion in peripancreatic body. Heterogeneously enhanced mass lesion 7\*6\*5 cm arising from body of pancreas with peripancreatic lymphnodes suggestive of malignancy was noted in CECT Abdomen. Gastroenterology and Surgical Oncology referral was done. Upper GI Endoscopy suggestive of GE junction obstruction. Malignancy was suspected; CA 19-9 was 8IU/L. Surgical Laparotomy was done and sample tissue was sent for histopathological examination (HPE). HPE report came to ne necrotising granulomatous inflammation possibly Mycobacterial in origin and biopsy tissue CBNAAT was MTB detected Rifampicin sensitive hence diagnosed as Pancreatic

Tuberculosis. Patient was started on ATT and advised follow up.

### Discussion

Pancreatic tuberculosis is a rare disease, even in countries where the disease is highly prevalent. PT usually affects young adults and is seen equally in both male and female patients. It is most often associated with immunosuppression or miliary tuberculosis. Pathogenesis remains poorly understood. This may produce a variety of clinical presentations and most of reported clinical features of this disease are non-specific. In fact, symptoms such as abdominal pain, anorexia, weight loss, jaundice and a pancreatic mass are suggestive of malignancy and raise strong suspicion of a pancreatic cancer. Thus, patients presented with such complaints should be meticulously investigated in order to avoid unnecessary pancreatic resection and the attributed risks. Imaging of the pancreas by ultrasound or CT, which are often used for initial investigations, has demonstrated that PT can mimic a pancreatic cancers.

### Conclusion

Since pancreatic tuberculosis is a great mimic of carcinoma body of pancreas, early diagnosis with appropriate investigations is very relevant in improving the prognosis and reducing the mortality. A thorough multidisciplinary teamwork is relevant in arriving to diagnosis and initiation of treatment algorithm.

### References

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