

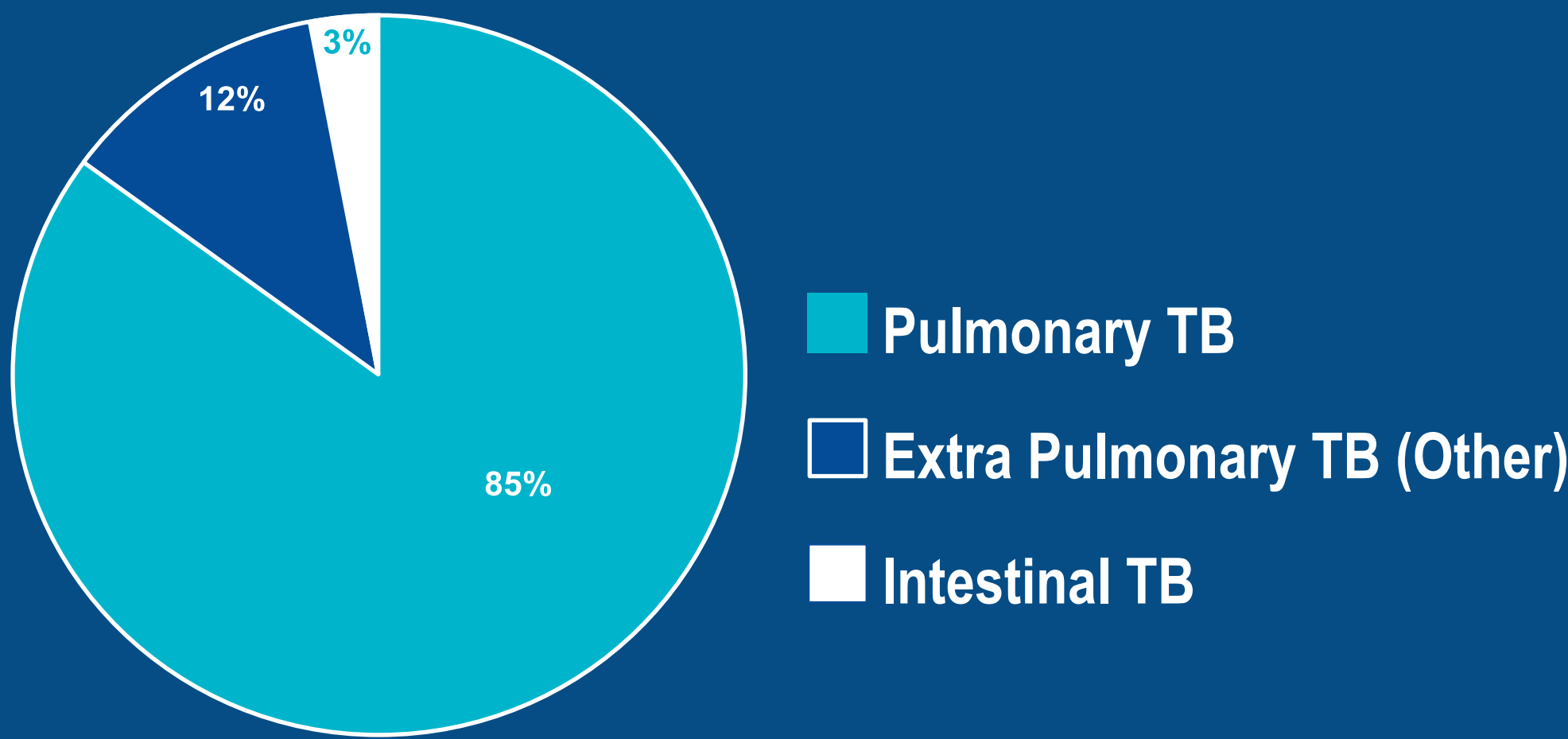
INTRODUCTION

- Patient presented with RIF pain.
- A CT scan showed abnormalities in the caecum & ascending colon, with wall thickening and a possible mass.
- Differential diagnoses encompassed a possible tumour, acute appendicitis & inflammation of the bowel.

Although an urgent endoscopy procedure was ordered, symptom escalation led to a right hemicolectomy, with the surgical notes querying a malignancy.

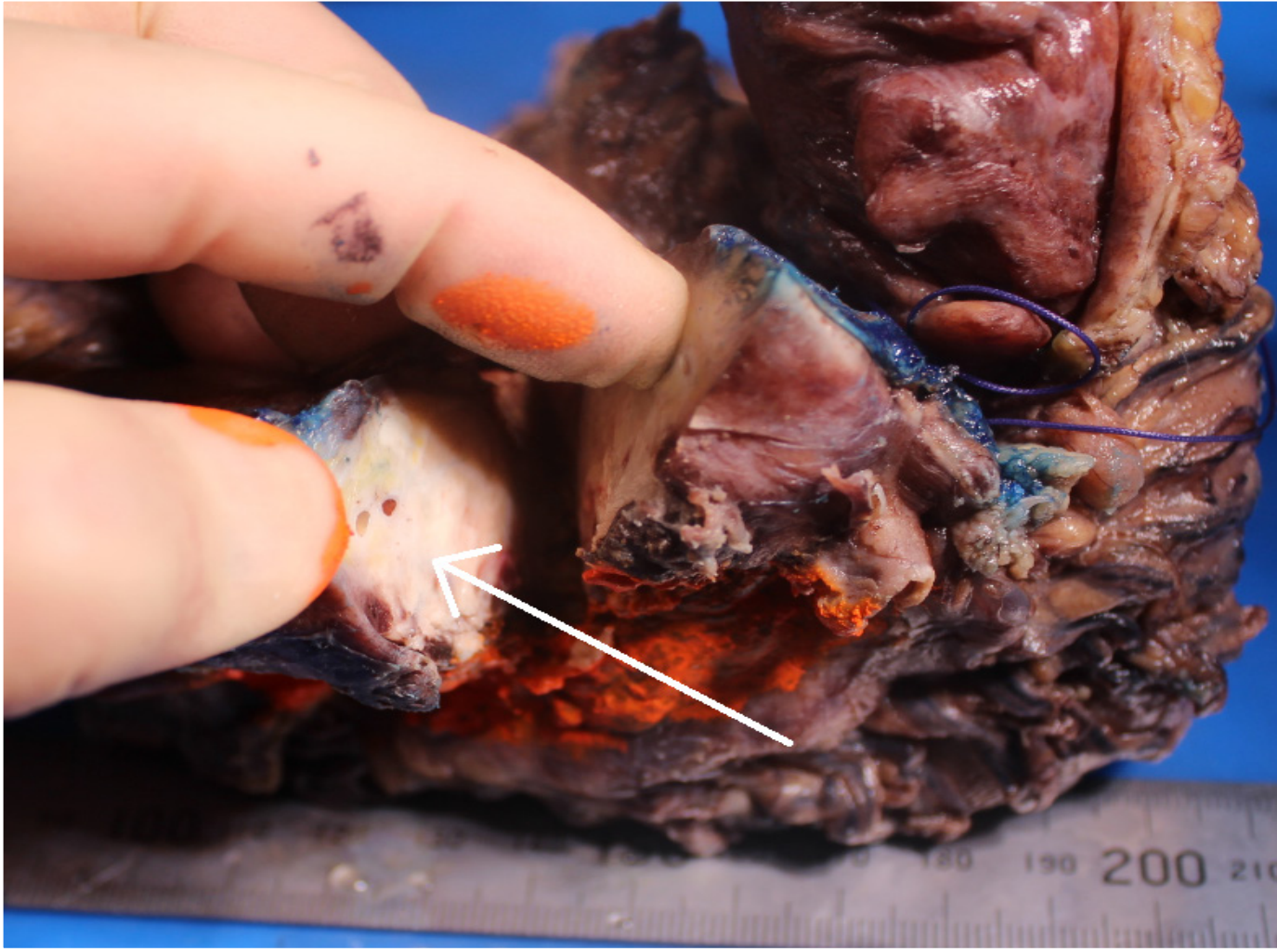
SOME FACTS

- *Mycobacteria tuberculosis* infection is airborne.
- TB has a low incidence rate in UK.
- Intestinal TB is rare; 2-3% of TB cases.
- Symptoms are similar to colonic tumours; provisional misdiagnosis of GI TB is common.



DISSECTION

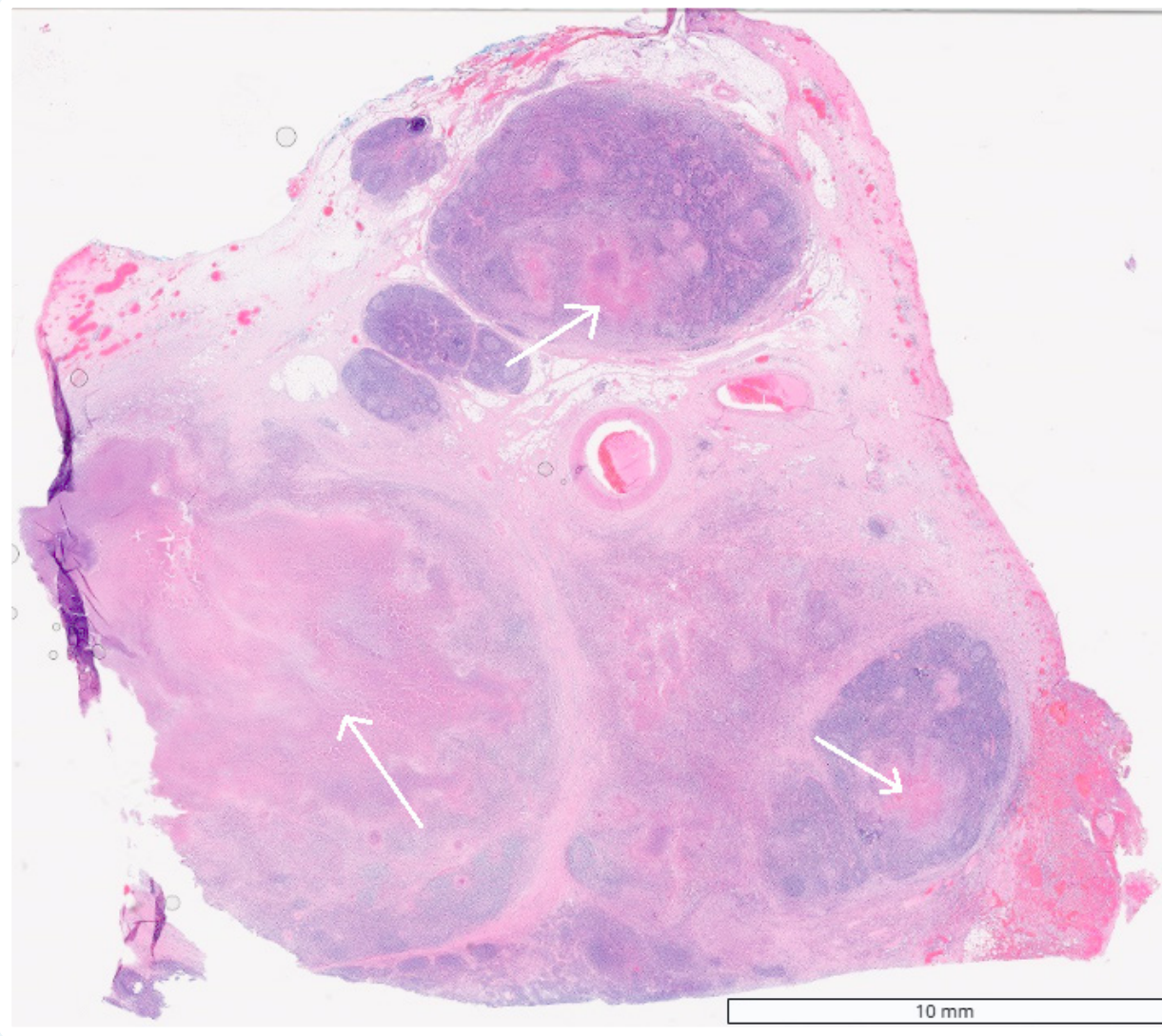
A firm white mass was discovered, described as tumour, and sampled.



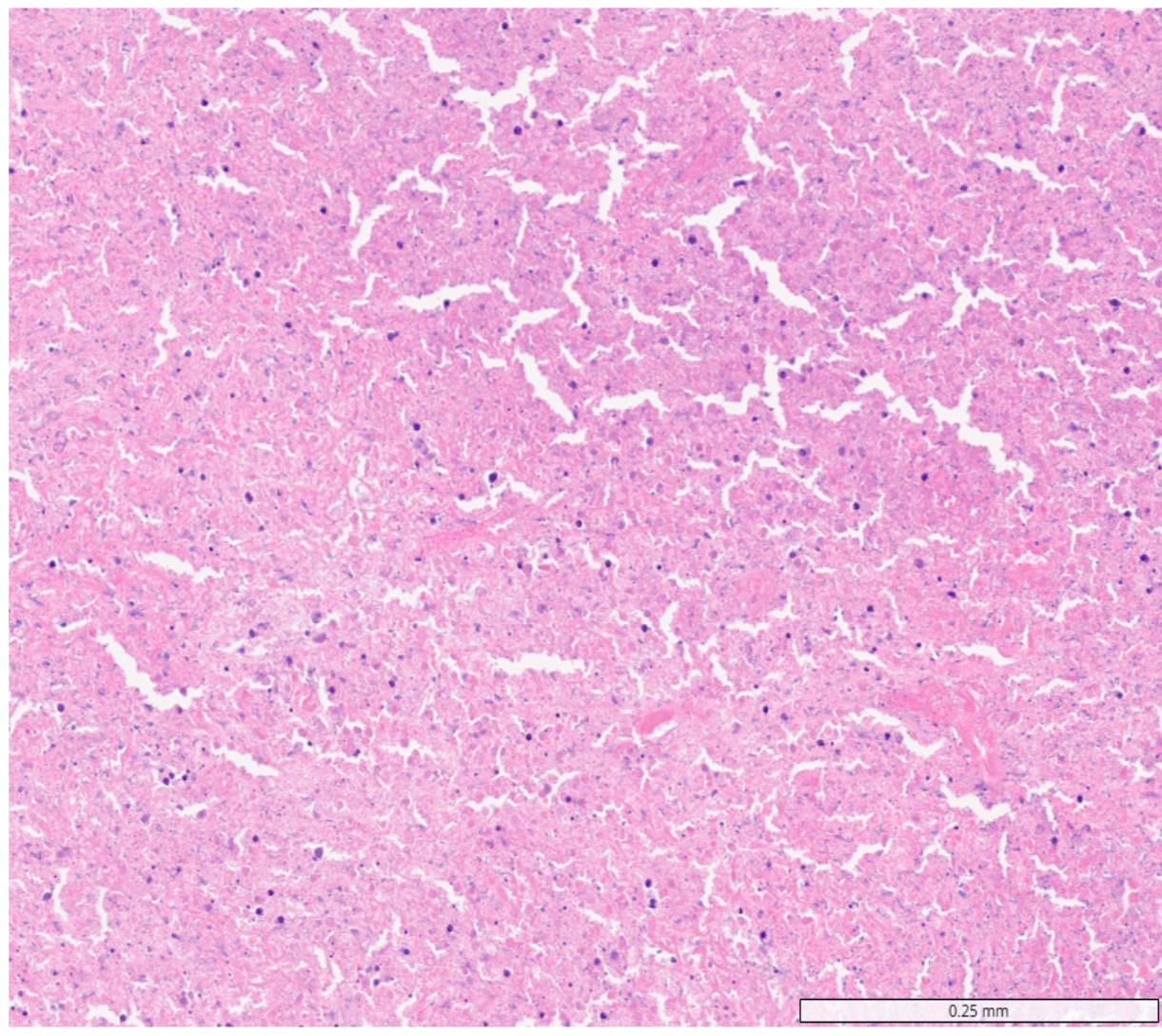
On sectioning the specimen, a 10 mm diameter, firm, white mass was noted within the caecum.

MICROSCOPY

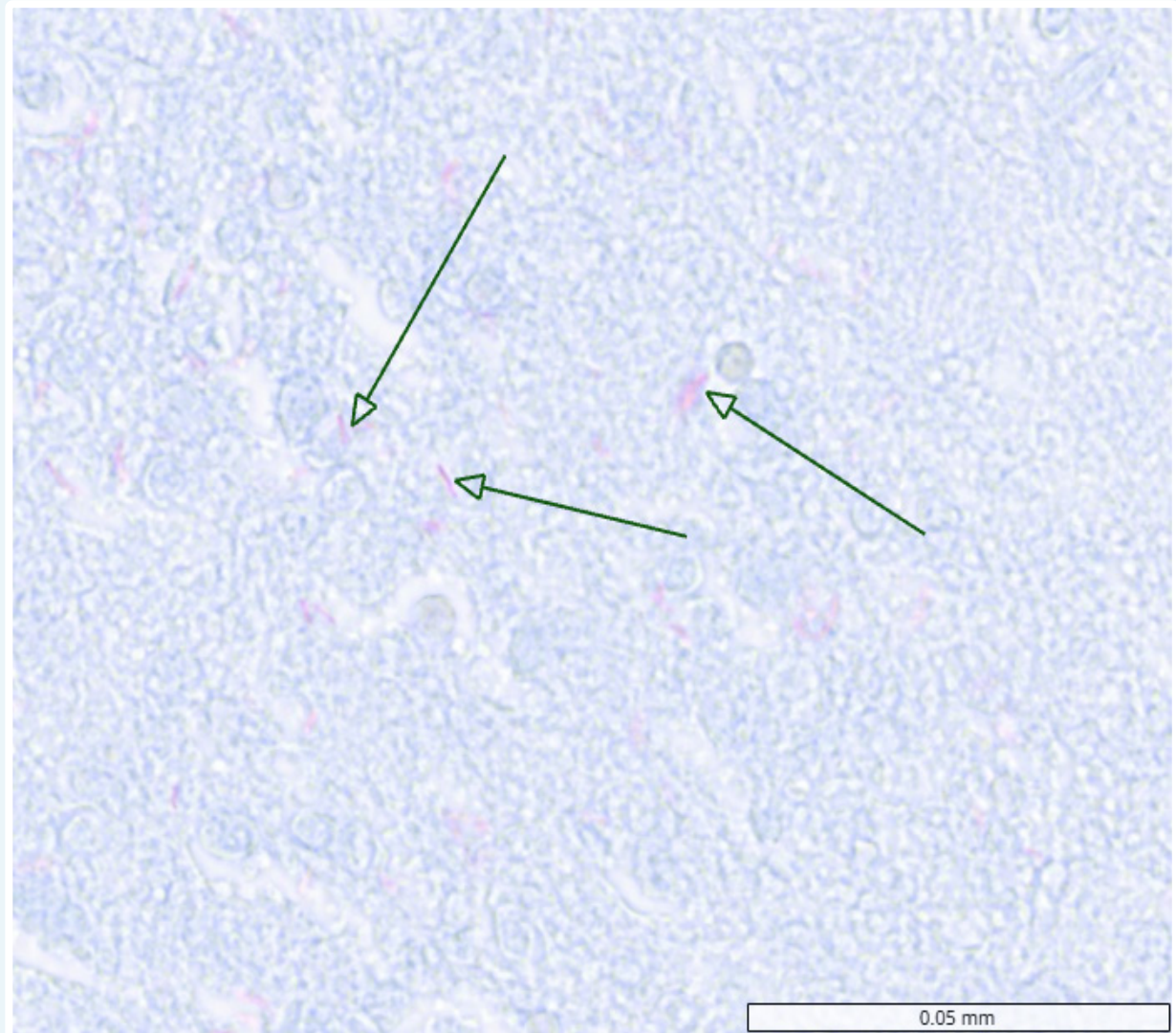
Microscopically, the consultant identified the extensive caseating necrosis and granulomatous inflammatory features of the Haematoxylin and Eosin (HE) stained section to be highly suggestive of a mycobacterial infection, in particular TB. None of the original differential diagnoses, including a tumour, were identified microscopically.



H&E: An example of the caseating necrosis within large areas of granulomatous inflammation within the mass and throughout the specimen.



A range of special stains were employed to test the tissue for infectious agents, all of which were negative apart from Ziehl-Neelsen (ZN) stain. The ZN showed the presence of Acid - Alcohol Fast Bacilli suggestive of TB infection.



ZN stain: with arrows identifying Mycobacterial bacilli.

A further CT scan, sputum analysis and culture confirmed TB and antibiotic treatment was started. This incident can inform healthcare professionals from a range of backgrounds to be alert to the presentation of extrapulmonary TB.

KEY TAKEAWAYS

Be aware of the risk factors of TB:

- Close contact with a person with active TB.
- Immigrating from/visiting a high-risk area.
- Immunosuppression e.g. HIV, immunosuppressive medication for cancer/rheumatoid arthritis
- Illness e.g. severe liver disease, diabetes
- Malnutrition: inhabitants of socio-economically poor countries most at risk

Ileocaecal area most likely location for TB presentation within the colon.

For further info scan
the QR code



REFERENCES:
[HTTPS://www.nhs.uk/conditions/tuberculosis-tb/](https://www.nhs.uk/conditions/tuberculosis-tb/)
GHADA GHARBI ETAL. Colonic Tuberculosis: A Case Report, Future SCI. OA 27;8(10):FSO830 (2023)
ACKNOWLEDGEMENTS: Doctor Graeme O'Hara, Consultant Pathologist; Jennifer Shanks, BMS



Working together



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