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Clinical Images

Tuberculosis - The usual suspect

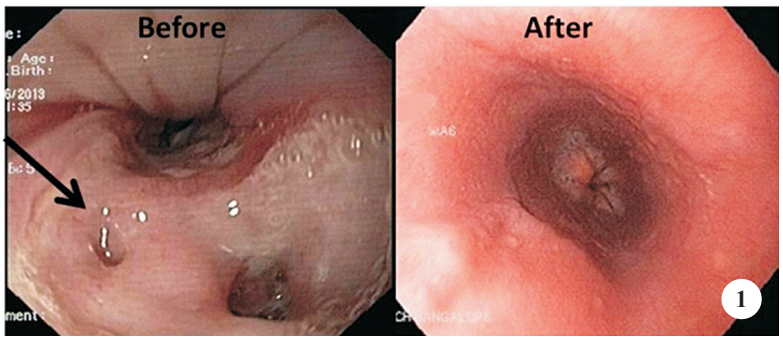


Fig. 1. Endoscopy showing a linear clean based ulcer with undermined edges and fistulous opening in the mid oesophagus (arrow) before treatment and a later image showing completely healed ulcer.

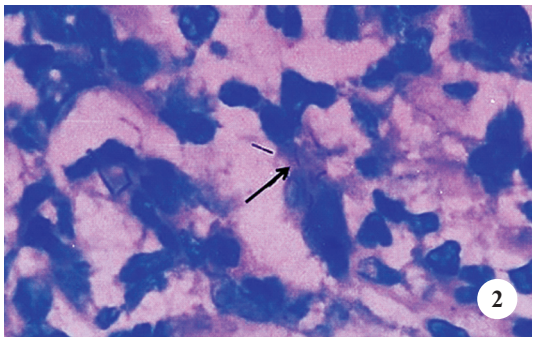
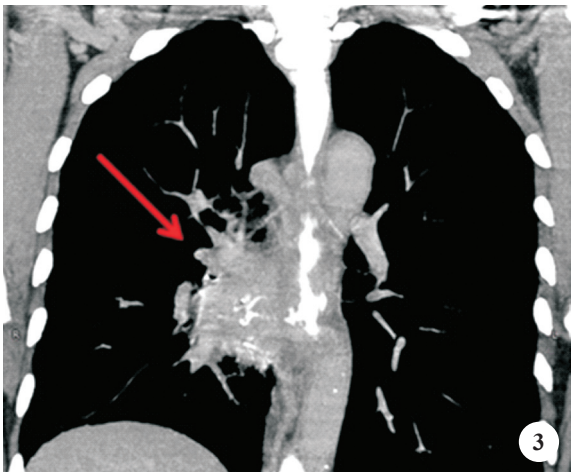
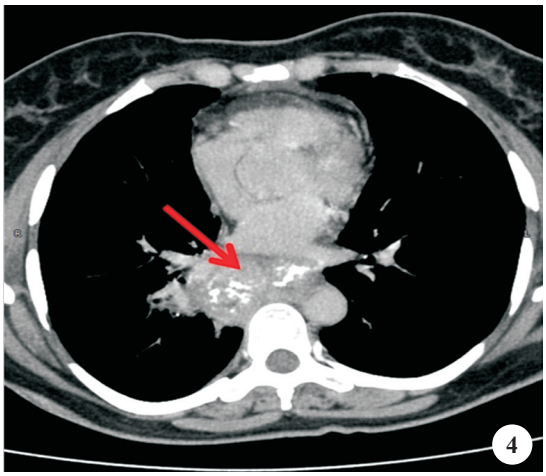


Fig. 2. Histopathology of oesophageal ulcer biopsy with Ziehl-Neelsen stain showing (arrow) acid fast bacilli (100 x).





Figs. 3, 4. CT scans showing (arrow) well-defined enhancing mid paraesophageal lesion with evidence of a fistulous tract between the oesophagus and right mid paraesophageal irregular cavity.

A 45 year old female patient presented to the Gastroenterology outpatient department at St John's Medical College Hospital, Bengaluru, India, in May 2013 with a history of progressive dysphagia for solids since one month. The clinical examination was unremarkable. Investigations revealed haemoglobin 10 g/dl, ESR of 95 mm/h, and normal chest X-ray. Endoscopy showed an ulcer with undermined edges and fistulous opening in the mid oesophagus. (Fig. 1). Histopathology of oesophageal ulcer showed confluent

granulomas with acid fast bacilli (AFB) (Fig. 2). CT scan chest showed mediastinal lymph nodes with fistulous tract into the oesophagus (Figs 3, 4). The patient was treated with antituberculosis drugs, and became asymptomatic after two months. Oesophageal tuberculosis masquerades as carcinoma at presentation, which often occurs due to spread from adjacent structures. Endoscopic biopsies usually demonstrate classic granulomas in about half of the cases.

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