

## ISOLATED PANCREATIC TUBERCULOSIS

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### ABSTRACT

Isolated Pancreatic tuberculosis is a rare disease even in endemic areas, but must be considered in the differential diagnosis of a pancreatic mass. Its clinical and radiologic features are not specific and may mimic those of a pancreatic neoplasm, making it a difficult clinical diagnosis. CT-guided percutaneous biopsy helps in diagnosis and avoids unnecessary surgeries in this totally curable condition. We present a case of a 35-year-old man who presented with epigastric pain, post-prandial vomiting, weight loss; the patient was immunocompetent with no past history of tuberculosis. Contrast-enhanced computed tomographic (CT) scans showed a pancreatic head mass with multiple peri-pancreatic lymph nodes. CT-guided percutaneous biopsy of the mass was consistent with pancreatic tuberculosis. Patient was started on anti-tubercular drugs for six months with good clinical and radiological evolution.

**Keywords:** Pancreatic, Tuberculosis.

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A 35-year-old man presented with a 2-month history of epigastric pain radiating to the back with post-prandial vomiting, poor appetite, and a 10 kg weight loss over 1 month. He denied any transit disorders, fever, night sweats, and cough. The patient was immunocompetent with no past history of tuberculosis. Clinical examination revealed slight epigastric tenderness without rigidity. Liver transaminases, total bilirubin, alkaline phosphatase, amylase and lipase levels were within normal; Contrast-enhanced computed tomographic (CT) scans showed a mass with irregular borders in the head of pancreas with multiple peri-pancreatic lymph nodes (**Panel A, arrow**)

CT-guided percutaneous biopsy of the pancreatic mass was performed (**Panel B**). Histopathological examination revealed epithelioid granuloma with Langhans type of giant cells in pancreatic tissue, diagnosis of pancreatic tuberculosis was made and patient was started on anti-tubercular drugs for six months. On follow-up after 6 months, patient improved well and gained weight and is totally asymptomatic, the control CT scan showed an almost full disappearance of the mass (**Panel C**).

Isolated Pancreatic tuberculosis is a rare disease even in endemic areas, but must be considered in the differential diagnosis of a pancreatic mass. Its clinical and radiologic features are not specific. CT-guided percutaneous biopsy helps in diagnosis and avoids unnecessary surgeries in this totally curable condition.

