Duodenal bleeding caused by pancreatic tuberculosis in a patient with AIDS and disseminated tuberculosis

Pancreatic tuberculosis is a rare but increasingly recognized disease [1]. Its common clinical manifestations include pancreatic masses that can mimic carcinoma, pancreatitis, and obstructive jaundice [2]. We report a unique case of pancreatic tuberculosis presenting with acute upper gastrointestinal bleeding due to duodenal involvement.

A 22-year-old homosexual man presented with fever, periumbilical pain, and postprandial vomiting of 1 month’s duration. Abdominal computed tomography (CT) scans showed multiple low-attenuated masses in the pancreas (arrow) with involvement and compression of the adjacent duodenum: a in axial view; b in coronal view.

Endoscopic view showing a protruding ulcerated lesion with active bleeding (arrow) from the duodenal bulb.

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Competing interests: None

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Fig. 3 Angiographic image showing extravasation of contrast medium from the right hepatic artery (arrow).

Fig. 4 Angiographic image following successful control of bleeding after embolization with two microcoils and gelfoam cubes (arrow).

Fig. 5 Microscopic appearance of the pancreatic mass showing numerous scattered acid-fast bacilli (arrow; Ziehl–Neelsen stain, original magnification ×400).