A Giant Lymph Node—Liver Imposter

Sagar Dembla1 Shujaath Asif2 Aniruddha P. Singh2 Anuradha Sekaran3 Sundeep Lakhtakia4,
D. N. Reddy4

1Department of Medical Gastroenterology, Narayana Medical College Hospital, Nellore, Andhra Pradesh, India
2Department of Medical Gastroenterology AIG Hospitals, Gachibowli, Hyderabad, Telangana, India
3Department of Pathology, Asian Institute of Gastroenterology, Hyderabad, Telangana, India
4Asian Institute of Gastroenterology, AIG Hospitals, Hyderabad, Telangana, India

Address for correspondence Sundeep Lakhtakia, Asian Institute of Gastroenterology, AIG Hospitals, Hyderabad, Telangana, India (e-mail: drsundeeplakhtakia@gmail.com).


Abstract

Abdominal tuberculosis has insidious course and is a diagnostic challenge. Tubercular lymphadenitis is associated with constitutional symptoms and multiple enlarged lymph nodes. Isolated giant lymph nodes are rare in tuberculosis and are common in lymphoma or malignancy. Peripancreatic mass on endosonography are commonly lymph node less than 4 cm. Isolated giant nonnecrotizing lymph node can mimic liver architecture on endoscopic ultrasound but lack a biliary connection.

Keywords
- giant lymph node
- peripancreatic mass
- tubercular lymphadenitis

Introduction

A 27-year-old male was presented with discomfort in the upper abdomen for 2 months. There was no associated weight loss, cough, or fever. He had history of acute necrotizing pancreatitis with uncomplicated walled-off-necrosis 2 years ago. There were no further episodes of pancreatitis. Patient had a family history of tuberculosis.

Laboratory investigations were unremarkable (complete blood count and liver and renal function test). Serum amylase and lipase were normal. Ultrasound showed a 63 mm × 55 mm hypoechoic peripancreatic lesion. Pancreas was normal. MRI showed a large homogenous hyperintense mass encasing left gastric artery (69 mm × 63 mm × 54 mm) located near neck and body of pancreas. Pancreas was normal.

On endoscopic ultrasound, a large solid well-defined hypoechoic lesion (80 mm × 50 mm) was observed in sub-hepatic or peripancreatic region (Video 1; available in the online version). The mass had close visual resemblance with liver, but biliary communication was absent. Liver was mildly hyperechoic. Pancreas and pancreatic duct were normal. EUS-guided core biopsy with 22-g needle was performed from the mass.

Histopathology confirmed granulomatous inflammation with well-defined noncaseating granulomas in the background of lymphoid tissue. There was no evidence of dysplasia or malignancy. Mantoux test and QuantiFERON-TB Gold were strongly positive. Workup for sarcoid was negative (angiotensin-converting enzyme [ACE] levels normal, calcium: 9.8). The patient was started on an antitubercular four-drug regimen. He showed improvement in clinical condition at 4 weeks.

Abdominal tuberculosis has insidious course, involves intestine, peritoneum, lymph node, and solid organs.1,2 Tubercular lymphadenitis presents with multiple enlarged lymph node in association with constitutional symptoms. Peripancreatic mass on endosonography are commonly lymph node of less than 4 cm.3,4 Isolated giant nonnecrotizing lymph node can mimic liver architecture on endoscopic ultrasound but lack a biliary connection.
Video 1


Conflict of Interest
None declared.

References