

Intestinal Tuberculosis After Successful Treatment of Advanced High-Grade Non-Hodgkin's Lymphoma and AIDS

J. Samuel¹, N. Mullai¹, B. Firfir²

¹ Division of Medical Oncology,
Cook County Hospital,
Chicago Illinois, USA

² Dept. of Pathology,
Cook County Hospital,
Chicago Illinois, USA

Corresponding Author

J. Samuel, M.D.
Division of Medical Oncology
Cook County Hospital
1900 W. Polk #763
Chicago, IL 60612
USA
Fax: + 1-312-633-8131
E-mail: jsamuel@rush.edu



Figure 1 A 43-year-old man with AIDS and high-grade non-Hodgkin's lymphoma, stage IVB, had been successfully treated with chemotherapy 30 months previously. He now presented with progressive intra-abdominal lymph-node enlargement, transudative pleural effusion, ascites, diarrhea, anasarca, and cachexia. Enteroscopy showed thickening, erythema, and nodularity of the mucosa, with superficial ulceration throughout the duodenum and jejunum.

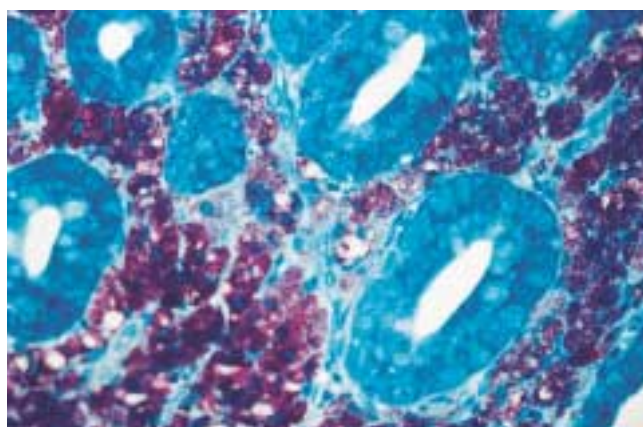


Figure 2 Jejunal biopsy revealed a diffuse histiocytic infiltrate within the lamina propria, containing acid-fast bacilli. The patient responded to antituberculosis therapy.