Endoscopic detection of colonic tuberculosis in an asymptomatic patient

There has been a resurgence of intestinal tuberculosis during the last decade following the increase of immigrants to Western countries [1,2]. The abdominal symptoms of intestinal tuberculosis are nonspecific, consisting mainly of abdominal pain, weight loss, anorexia, and fever [2,3]. The characteristic endoscopic features of colonic tuberculosis include transversely oriented ulcer, nodules, deformed ileocecal valve, stricture, erosions, and aphthous ulcers [1–3]. However, in patients without abdominal symptoms or pulmonary infection, endoscopists face the challenge of distinguishing between intestinal tuberculosis and malignancy or Crohn's disease. We report here a case of colonic tuberculosis found incidentally during a health check-up, and which was diagnosed by typical endoscopic features and histological and microbiological evidence.

A 38-year-old, previously healthy man visited our institution for a scheduled health check-up. His medical history and physical examination were unremarkable. He had a history of travel to China 3 months before coming to our hospital. Chest radiograph showed no active pulmonary lesions. Laboratory data were within reference range except for a triglyceride level of 381 mg/dL (normal range 50–130 mg/dL). Tumor markers including CEA, CA 125 and CA 19–9 were normal. Ziehl–Neelsen stain and culture of sputum were negative for *Mycobacterium tuberculosis*.

Colonoscopy revealed a transversely oriented ulcer in the cecum, with steep edges and surrounding flared nodules (Figure **1**). The terminal ileum appeared normal. Histological examination of the biopsy specimens demonstrated well-formed granulomas with caseous necrosis and Langhan's giant cells (Figure **2**). Culture of biopsy specimens revealed positivity for *M. tuberculosis*, as did the result of polymerase chain reaction for DNA of *M. tuberculosis*. A diagnosis of colonic tuberculosis was made. The patient received antitubercular therapy for 9 months with an uneventful clinical course. He remained asymptomatic over the ensuing 2 years of follow-up.

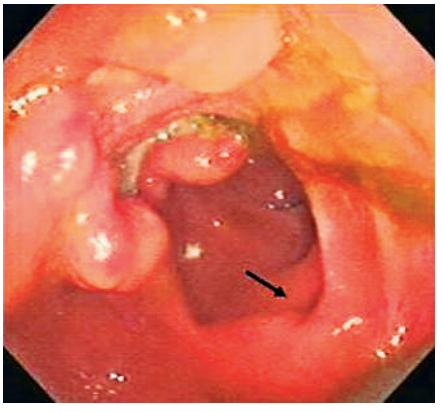

Figure **1** Colonoscopic view showing a transversely oriented ulcer in the cecum with steep edges and flared surrounding nodules. Note its location opposite the ileocecal orifice (arrow).

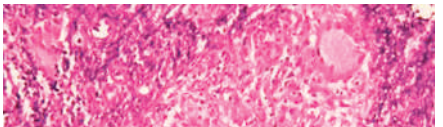

Figure **2** Histological view showing well-formed granulomas with Langhan's giant cells (arrows) and caseous necrosis (n), surrounded by a prominent rim of lymphocytes (hematoxylin and eosin; original magnification × 100).

Endoscopy_UCTN_Code_CCL_1AD_2AC

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DOI: 10.1055/s-2006-945059