A case of the primary Biliary Tract Tuberculosis with subsequent pulmonary presentation

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ABSTRACT

Intrudaction: The term hepatobiliary tuberculosis refers to the rare and localized form of hepatic tuberculosis as a distinct clinical entity, with signs and symptoms related to the hepatobiliary tract. We want to report a case of the primary Biliary Tract Tuberculosis with subsequent pulmonary presentation.

Case Presentation: A 28 years old woman was admitted to our hospital due to recurrent abdominal pain, low grade fever and icterus and with a temperature of 38.2°C. According to the view MRCP with bile duct dilatation and IgG4 and high eosinophil by impression autoimmune cholangiopathy, corticosteroid was administered. A few weeks later becuase of fever and leukocytosis and the creation of multiple lymph nodes in the neck and abdomen she were hospitalized again. Biopsy of Cervical lymph node was done and the answer was not diagnostic. Smear, culture and PCR of tuberculosis were negative. According to eosinophilia and hypo intense masses in liver, with the possibility of parasitic causes (fasciola hepatica). Triclabendazole was started. The symptoms briefly improved and she had little weight gain but four months later she was hospitalized with pulmonary symptoms. Culture and sputum smear were positive for Acid Fast Bacilli.

Concolusion: Hepatobiliary tuberculosis is delayed Presentations with nonspecific manifestations. In our patient despite of clinical presentation that was matched to hepatobilliary tuberculosis, multiple biopsies from abdominal and prepheral lymph node could not verify it. Therefore diagnosis was done with delay and finally pulmonary presentation and positive smear for acid fast bacilli confirmed tuberculosis.

Keywords: Tuberculosis, hepatibiliary, pulmonary.