

## Duodenal tuberculosis

Keywords: Duodenal. Tuberculosis.

Dear Editor,

Gastrointestinal tuberculosis (TB) is a rare disease and only involves the duodenum in 2-2.5 % of all cases (1).

### Case report

A 60-year-old female with no reported medical history presented with constitutional syndrome and a 10 kg weight loss in three months, epigastric pain, bloating and vomiting. She denied fever or respiratory symptoms. Laboratory examination revealed elevated C-reactive protein levels and low prealbumin. Abdominal computed tomography (CT) showed duodenal wall thickening, mainly in the third part, with infiltration of the root of the mesentery and numerous subcentimeter adenopathies at that level.

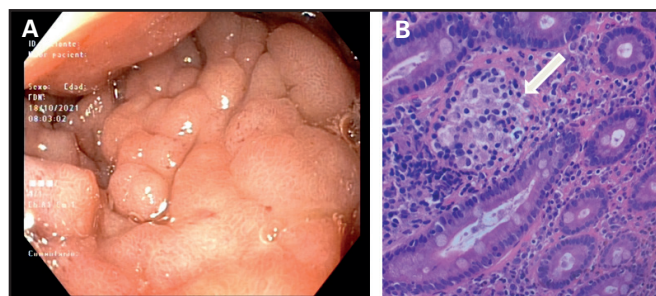
An upper gastrointestinal endoscopy was performed due to the suspicion of malignancy, which demonstrated gastric retention due to mural thickening of the second part of the duodenum. Biopsies were taken and a nasojejun tube was placed for enteral nutrition. Biopsies identified chronic non-necrotizing granulomatous inflammation without evidence of malignancy, with positive polymerase chain reaction for *Mycobacterium tuberculosis*. Subsequently, tuberculostatic treatment was started with a favorable evolution.

### Discussion

Abdominal TB is a common form of extrapulmonary TB. However, gastrointestinal involvement is rare (7 %), generally affecting the ileocecal region (2). Duodenal involvement is described in 2-2.5 % of these patients, most commonly the third part of duodenum (1).

Clinical presentation is very variable, ranging from dyspepsia with abdominal pain and vomiting to gastrointestinal

bleeding, perforation or intestinal obstruction (3). The diagnosis is difficult and is based on clinical, radiological and endoscopic findings, without pathognomonic features. In most cases, it will respond correctly to medical treatment (antituberculostatics for six months) (4).



**Fig. 1. A. Endoscopic image of duodenal wall thickening. B. Non-necrotizing granuloma in the duodenum.**

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