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An Extra Pulmonary Tuberculosis Patient, Abdominal Tuberculosis with Pseudo-Meigs Syndrome Mimicking an Advanced Ovarian Cancer

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ABSTRACT

Background : Tuberculosis (TB) is still major worldwide concern especially at tropical country. Tuberculosis also can infect any place in the body. It is estimated that between 10-25% of TB infections occur extra pulmonary. Abdominal Tuberculosis occurs about 10 % of extra pulmonary tuberculosis. Abdominal Tuberculosis can be easily confused with malignancy. Pseudo Meigs syndrome is co existence of pelvic tumour, hydrothorax, and ascites. It is resembles with metastatic ovarian cancer. Abdominal tuberculosis may resemble with advanced ovarian cancer.

Case Report: A married woman, 21 years old, with chief complaint enlargement stomach since 2 weeks before come to the hospital. Patient also had poor intake, low-grade fever, pelvic pain. Cough , weight loss, defecation disturbance, urinated disturbance, enlargement another area were denied. Family history, her father was diagnosed tuberculosis on treatment. Ascites was presented. Thorax X ray found right effusion plural . Complete blood count, albumin, electrolyte serum, renal function test, liver function test were at normal limit. Hepatitis Viral marker were negative. Peritoneal Fluid Analysis found elevated LDH (905 U/L), elevated PMN count 1050/ uL, MN count 3829/ uL, Glucose 68 mg/dL, Protein 7.2 g/dL, SAAG 0.8 mg/dl. ADA test from effusion pleural 4,44 U/L (within normal limit). A significantly elevated CA-125 level (542.5 U/mL). Contrast MSCT abdominal found cyctic lesion with septal and multiple peritumoral lymph node suspected malignant ovarian mass. Laparotomy was done and found serous ascites, multiple nodules attached to the surface of bilateral uterus ½ centimeters and attached to bilateral ovary, and dense adhesions between uterus and rectum. Multiple biopsies were done. Finally, histopathology investigation revealed multinucleated giant cell (Datia Langhans) with necrotizing granulomatous changes with no malignant cells in all biopsies. Acid fast stain tuberculosis was positive at paraffin block pathology. The patient got anti tuberculosis drugs. After 2 months treatment, patient feel better and there was no complaint enlargement stomach. Until now the patient is on treatment.

Discussion

The patient presented ascites, pleural effusion, cystic ovarian suggestive of Pseudo-Meigs syndrome. Pseudo Meigs Syndrome is clinically important because resembling of metastatic pelvic cancer. CA-125 is elevated 80% of post menopausal ovarian cancer but not specific and non diagnostic in premenopausal women. SAAG < 1.1 mg / dl indicates non Portal hypertension, caused by infection, malignancy, nephrotic syndrome, or pancreatitis. Finding Datia Langhans at histopathology could be considered as tuberculosis but it can be revealed from another disease. Acid fast stain positive increase the probability of tuberculosis infection. Family history of tuberculosis infection could increase diagnostics value of tuberculosis. Antituberculosis according to the latest protocol led to clinical improvement.

Conclusion: Extra Pulmonary Tuberculosis (TB) should be being considered in the differential diagnosis of advanced ovarian cancer, especially in the regions that are endemic for the disease.

Keywords : ovarian tuberculosis , peritoneal tuberculosis, tuberculosis