

Abdominal Tuberculosis – A Rare Case of Extra Hepatic Portal Hypertension

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Received: August 29, 2022; Accepted: September 13, 2022; Published: September 25, 2022



Figure 1: Red arrow showing CBD and portal vein compression by lymph node.

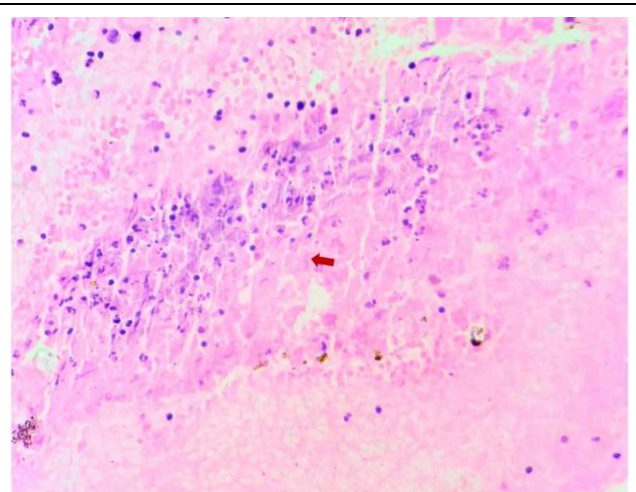


Figure 2: Red arrow showing the necrotising granulomatous lymphadenitis.

Clinical Image

A 25-year-old male presented to our ER with Malena. He was diagnosed with pulmonary tuberculosis which was detected during routine VISA health check-up. He was on first line antituberculosis (ATT) drugs since October 2019. Upper gastrointestinal endoscopy showed grade 2 varices with red colour sign, endoscopic banding was done. CECT abdomen showed abnormal soft tissue density mass in suprapancreatic and periportal region encasing portal vein and CBD causing IHBRD with collaterals with no evidence of portal vein thrombosis (Figure 1). EUS guided biopsy from peripancreatic and periportal lymph nodes were suggestive of necrotising granulomatous lymphadenitis implicative of tuberculosis (Figure 2). His repeat scan showed reduction of lymph node size to less than 50% of baseline size, decrease in size of portal vein and spleen with improvement in clinical parameters.

Involvement of periportal lymph nodes in tuberculosis is exceptional and there is handful of case reports of lymph nodes compressing the portal vein at porta hepatis and manifesting as portal hypertension (PH) causing upper gastrointestinal bleeding as evidenced in our case 2. The suggested mechanism of PH in our case is compression of portal vein by enlarged lymphnodes at hepatic hilum. Although rare but it is a treatable condition.

Keywords: Abdominal tuberculosis; Portal hypertension

Acknowledgements

Arathi. S. Gadwalkar: Study concept and design, acquisition of data, drafting of the manuscript, analysis and interpretation of data.

Rohit Mathur: Study concept and design, interpretation of data, material support.

D. Nageshwar Reddy: Study supervision.

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