International Journal of Gerontology 13 (2019) 264
https://doi.org/10.6890/IJGE.201909_13(3).0019

International Journal of Gerontology

journal homepage: http://www.sgecm.org.tw/ijge/

Medical Imagery

Gallbladder Tuberculosis

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ARTICLE INFO

Accepted 14 September 2018

An 82-year-old HIV-negative female presented with nausea, vomiting, and abdominal pain for one month. She had diabetes mellitus. Physical examination was unremarkable except abdominal tenderness over right upper quadrant. CT disclosed a heterogeneous enhanced mass (Fig. 1A, white arrow), gall bladder stone and paraotic lymph node (Fig. 1A, arrowhead). She received cholecystectomy. Intraoperatively, gall bladder empyema with abscess formation at peri-common bile duct and several lymphadenopathy was found. Initially, gallbladder biopsy and lymph node frozen section showed caseating granulomatous inflammation. The histopathological examinations of resected gallbladder revealed caseous granulomatous inflammation with acid-fast bacilli (Fig. 1B, black arrow). Two weeks later, the tissue culture yielded *Mycobacterium tuberculosis*. Thereafter, she received anti-tuberculosis (TB) treatment for six months and finally she had fully recovery.

Gallbladder TB is extremely rate and a difficult diagnosis preoperatively. In addition to gallbladder involvement, most of the reported cases had TB involvement of other intra-abdominal sites, especially lymphadenopathy.[1,2] In the cases of gallbladder mass, the presence of mesenteric lymphadenopathy with omental thickening was in favor of TB. In contrast, the presence of liver infiltration along with liver metastasis favored GB cancer. Among elderly, multiple systemic disease with immunocompromised status may increase the risk of tuberculosis infection, including gallbladder TB.

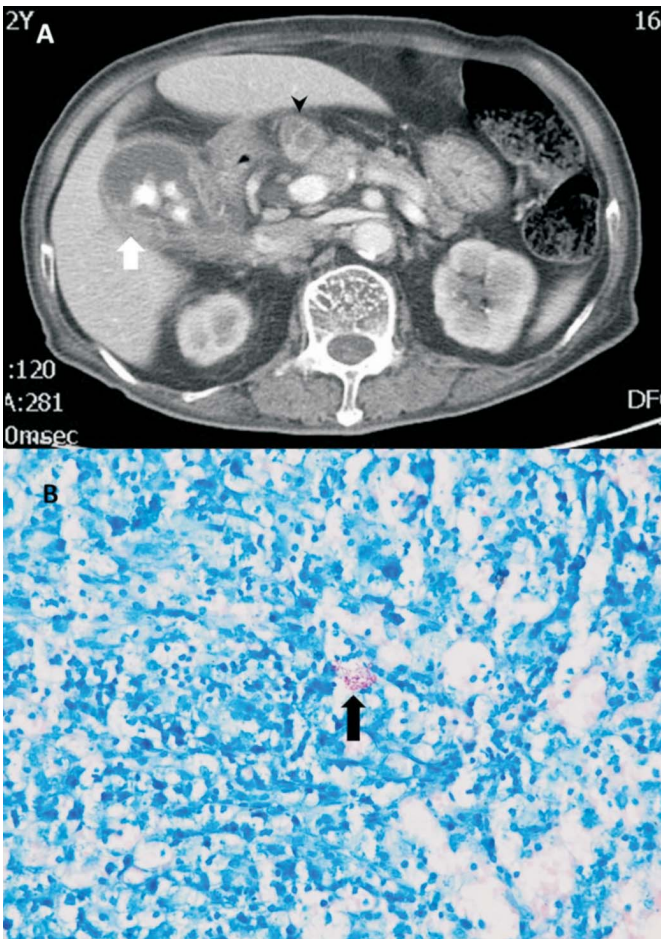

Fig. 1. (A) Computed tomography of abdomen disclosed a heterogeneous enhanced mass (white arrows), and paraortic lymph node (arrowhead), (B), positive acid-fast bacilli (black arrows).

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