**TUBERCULOUS PERITONITIS MIMICKING CARCINOMA**

Myat Kyaw Ko, MD2, Yone Mee Mee Lwin, MD2, Ngu War San, MD2, Cho Thet Zin, MD2, May Hnin Pwint Soe, MD2, Zeyar Thet, MD1,2.
1Associate Program Director, Department of Medicine, Coney Island Hospital, Brooklyn, NY 11235
2Kings County Infectious Disease PC, 133-24 Sanford Ave #1K, Flushing, NY 11355

**INTRODUCTION:** Tuberculosis is uncommon in the US and peritoneal tuberculosis was accounted for only 5.8% of the total extrapulmonary TB reported to CDC in 20171.

**CASE REPORT:** We present a 68-year-old Chinese female with complaints of low-grade fever, right lower abdominal pain, abdominal distension, bloating, and significant weight loss for over 6 months. The patient denied any history of tuberculosis in the past. She appeared to be cachexic with a non-tender distended abdomen. Pelvis ultrasound showed moderate ascites, which was confirmed by CT abdomen and pelvis with diffuse peritoneal and omental thickening; highly suspicious for peritoneal carcinomatosis. As the initial impression of cancer was high, PET-CT scan was done, revealing extensive active findings of malignancy involving the peritoneal space. Since the primary site of cancer was not known, CT guided core peritoneal biopsy was performed and non-necrotizing granulomas involving fibro-adipose tissue were seen. The QuantiFERON Gold test was positive and the previous CXR was unremarkable. Then, she was started on anti-tuberculosis therapy with 4 medications.  Two months after the treatment, repeated CT scan showed near complete resolution of ascites and peritoneal thickening. Her abdominal symptoms were resolved as well.

**DISCUSSION:** This case highlights the unusual etiology of peritonitis in elderly patients from TB endemic areas with abdominal symptoms and weight loss. Tuberculous peritonitis is diagnostically challenging and imaging like PET-CT may lead in the wrong direction because it will show similar findings as malignancy or infection. Since culture was not sent in our case, peritoneal biopsy played a crucial role to get the accurate diagnosis.

**REFERENCE**

1. Division of Tuberculosis Elimination. Center of Disease Control and Prevention. Last reviewed on October 22nd, 2018. Accessed September 13, 2020. https://www.cdc.gov/tb/statistics/reports/2018/table15.htm

**CONTENT CATEGORY**: Patient care

**KEYWORDS**: *tuberculosis, ascites, biopsy, peritoneal carcinomatosis, non-necrotizing granuloma*