

Title:

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Intestinal and perianal tuberculosis: an uncommon clinical presentation and challenging diagnosis

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CASE REPORT

A 40-year-old immunocompetent man was admitted due to three-month progressive diarrhea, perianal pain, and 10-kg weight loss. Physical examination revealed a perianal abscess (Figure 1a). Ileocolonoscopy showed ulceration of the terminal ileum and ileocecal valve (Figure 1b), and multiple colonic ulcers (Figure 1c-f). Histopathology highlighted the presence of non-necrotizing granulomas (Figure 2) and staining for acid-fast bacilli was negative. Crohn's disease (CD) diagnosis was proposed, and a pre-immunosuppression study was performed. The identification of asymptomatic pulmonary cavitation in thoracic radiological examinations (Figure 3) and subsequent

documentation of *Mycobacterium tuberculosis* (MT) in bronchoalveolar lavage, together with positive RT-PCR for MT in additional intestinal biopsies, supported the diagnosis of tuberculosis. The patient started anti-bacillary therapy, with complete resolution of intestinal complaints two weeks later.

DISCUSSION

Intestinal tuberculosis (IT) accounts for less than 2% of all cases of tuberculosis, and perianal involvement is extremely rare, notably in non-endemic regions and immunocompetent patients [1,2]. Although chronic diarrhea and perianal disease favor CD, none of these features are specific, so a high index of suspicion is critical for an early diagnosis of IT. Molecular studies (RT-PCR) and mycobacteriological testing are essential to differentiate these conditions in the absence of unequivocal histopathological features [3].

References

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Conflict of interest

The authors declare no conflict of interest.

Statement of ethics

This study did not require informed consent or review approval by the appropriate ethics committee.

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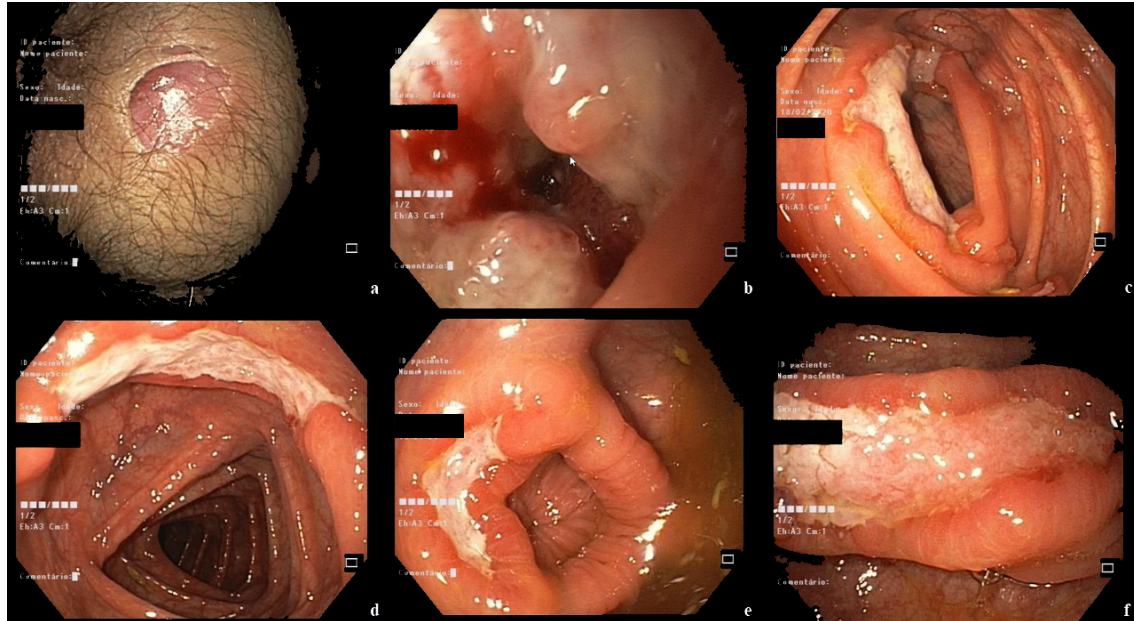


Figure 1. (a) Abscess in the right gluteal region; (b) stenosis and ulceration of the ileocecal valve and multiple transverse ulcers occupying half of circumference in the ascending colon (c), transverse (d), descending (e) with erythematous and elevated borders (b-f)

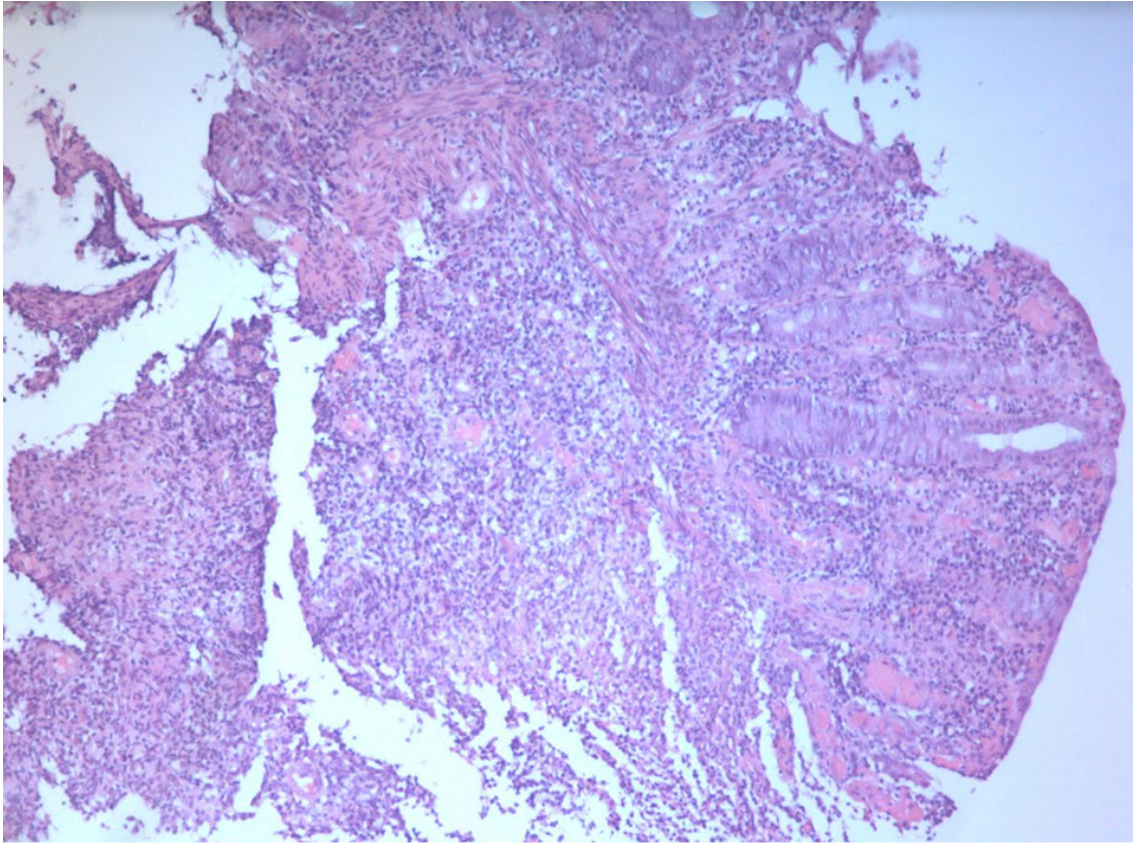


Figure 2. Submucosal epithelioid cell granulomas (without necrosis) H&E.×10

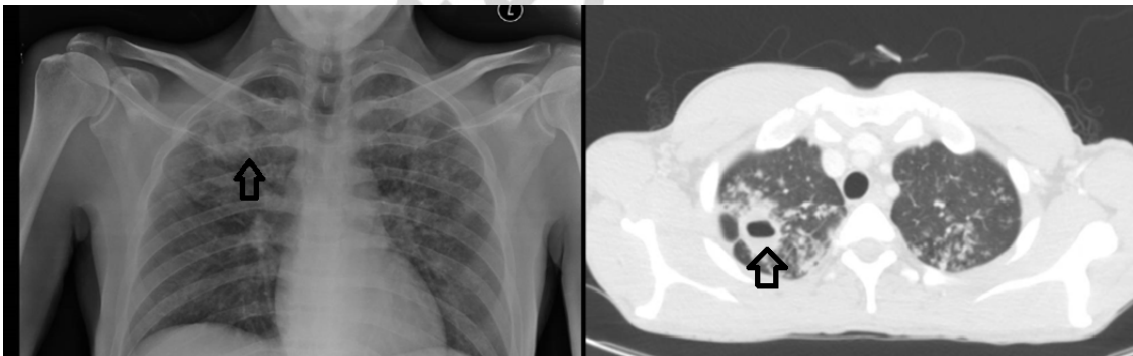


Figure 3. Thorax radiography and CT scan (axial section) revealing pulmonary cavitation (arrows).

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