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Esophageal tuberculosis

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CASE REPORT

A 84-year-old male was referred due to an esophageal lesion. Esophagogastroduodenoscopy identified a sharply demarcated depressed lesion with an uneven surface in the middle thoracic esophagus. Magnifying endoscopy with narrow-band imaging (ME-NBI) revealed dilated microvessels without variable calibers. No iodine-unstained area was observed (Fig. 1). Contrast-enhanced computed tomography showed old inflammatory changes with calcification in his lungs, as well as mediastinal lymphadenopathy. A subtotal esophagectomy was performed, even though the findings of ME-NBI and iodine staining were atypical for esophageal carcinoma. Histopathological examination of the resected specimen confirmed tuberculous nodules (Fig. 2) and the lesion was diagnosed as esophageal tuberculosis (ET). QuantiFERON-TB Gold was positive.

DISCUSSION

The majority of ET cases are secondary, with direct extension from mediastinal lymph nodes constituting the most common etiology (1,2). Endoscopic findings are diverse and can be easily mistaken for malignancy (1,3). A definitive diagnosis is difficult to make with white-light endoscopy alone, and the diagnostic yield of endoscopic biopsy is low in secondary ET cases with normal overlying mucosa (1,3). Dilated microvessels without irregularities on ME-NBI may be useful to differentiate secondary ET from esophageal carcinoma, since the findings suggest compression from the depth (2). Although rare, ET has to be considered in the differential diagnosis for any unexplained esophageal lesions.

REFERENCES

1. Birda CL, Kumar A, Gupta P, et al. Oesophageal tuberculosis: a systematic review focusing on clinical management. Dysphagia 2022;37:973-87. DOI: 10.1007/s00455-021-10360-x

2. Takaki Y, Yao K, Yano Y, et al. Esophageal tuberculosis: a microgranuloma visualized by narrow-band imaging magnifying endoscopy. Endoscopy 2011;43(Suppl 2 UCTN):E377-8. DOI: 10.1055/s-0030-1256771

3. Zhu R, Bai Y, Zhou Y, et al. EUS in the diagnosis of pathologically undiagnosed esophageal tuberculosis. BMC Gastroenterol 2020;20:291. DOI: 10.1186/s12876-020-01432-7

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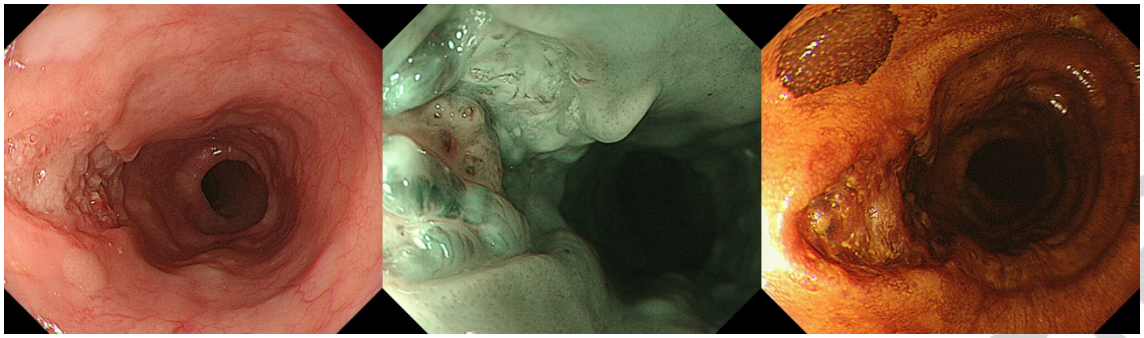

Fig. 1. Endoscopic findings of esophageal tuberculosis. A. Conventional endoscopy. B. Magnifying endoscopy with narrow-band imaging. C. Iodine staining.

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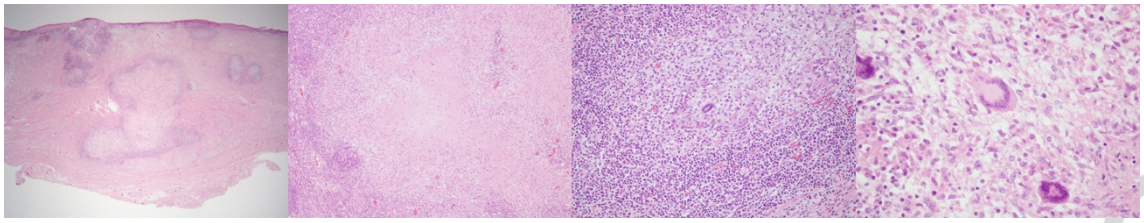

Fig. 2. Histopathology of the resected specimen. A. Photomicrograph of the resected specimen. B. Caseating granuloma. C. Epithelioid cell granuloma. D. Langhans giant cell.