Endoscopic Appearance of Colonic Tuberculosis

J. A. Barriga, L. C. Fry, K. E. Mönkemüller
VA Medical Center,
Division of Gastroenterology,
University of Alabama, Birmingham,
Alabama, USA

Corresponding Author
K. E. Mönkemüller, M.D.
VA Medical Center
Division of Gastroenterology
University of Alabama
633 ZRB, UAB Station
Birmingham, Al. 35294
USA
Fax: +1-205-934-8493
E-mail: klausl@uab.edu

Figure 1  A 20-year-old man with a complaint of hematochezia underwent colonoscopic examination, which revealed a single ulcer at 35 cm from the anal verge. The ulcer measured approximately 2.5 cm in diameter, the border was irregular, raised and erythematous. The base of the ulcer was covered by a yellowish fibrinoid exudate.

Figure 2  Histopathological examination showed inflammatory granulation tissue. Kinyoun stain revealed multiple acid-fast bacilli (arrows). Culture of tissue in Löwenstein-Jensen media yielded Mycobacterium tuberculosis. Intestinal tuberculosis should form part of differential diagnosis of patients presenting with lower gastrointestinal bleeding.