Isolated Gastric Tuberculosis: A Case Report

We present a case of gastric tuberculosis in a 52-year-old woman who was submitted to an upper GI endoscopy for dyspeptic symptoms, anorexia and weight loss. On endoscopy a diffusely atrophic gastric mucosa, a generalized oedema, foci of acute inflammation with petechial lesions and erosions, and abundant whitish, thick and viscid mucus adhering to the walls were found (Figure 1). Esophagus, duodenal bulb and duodenum were normal. Histologically, (Figure 2) an epithelioid cell granuloma with Langhans cells and few acid-fast bacilli was found on a biopsy sample. The diagnosis of gastric tuberculosis was confirmed by juice aspiration and cultures in Lowenstein specific medium. Studies carried out in order to identify active tuberculous disease in any other location were negative. Blood tests for AIDS, and Helicobacter pylori on the gastric mucosa, were negative. The patient was treated with anti-tuberculous therapy, with a good clinical evolution. Past medical history was significant for pulmonary tuberculosis 30 years ago with negative periodical controls thereafter.

Therefore this is one of the rare cases of isolated gastric tuberculosis with no evidence of active tuberculosis in any other organs. The majority of the gastric tuberculous cases are secondary to other tuberculous lesions (2) and in the literature only three cases reported (2,4,5) isolated tuberculous lesions. In conclusion we believe that in patients with endoscopic evidence of diffuse chronic inflammatory activity and history of previous TB disease, gastric tuberculosis should always be kept in mind in the differential diagnoses. In view of these findings we consider it necessary to perform multiple endoscopic biopsies in different areas of the gastric mucosa, since the granulomatous lesions are usually scattered with areas of chronic unspecific inflammation in between.

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References