

Peritoneal tuberculosis simulating ovarian malignancy on gynecological ultrasound: a case report.

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Introduction

Peritoneal tuberculosis is an uncommon form of extrapulmonary tuberculosis that may mimic advanced ovarian malignancy due to ascites, peritoneal thickening and elevated CA-125 levels. Differentiating malignant from benign adnexal morphology is essential for appropriate management.

Case description

A 42-year-old woman presented with abdominal pain, productive cough and weight loss. Initial evaluation revealed pleural effusion with elevated adenosine deaminase, increased CA-125 (786 U/mL), and CT findings suggestive of ovarian malignancy, including a right adnexal lesion, ascites, peritoneal thickening and mesenteric infiltration. Gynecological ultrasound demonstrated a right multilocular adnexal lesion with regular walls, anechoic content and no Doppler vascularization (53 × 49 × 52 mm) consistent with benign morphology.

Additional findings included ascites, peritoneal thickening and peritoneal implants without an apparent gynecological origin.

Management and findings

The patient underwent right adnexectomy, infracolic omentectomy and peritoneal biopsy. Surgical exploration revealed moderate ascites and extensive miliary involvement of peritoneal surfaces. Frozen section and final histopathology demonstrated granulomatous inflammation, excluding ovarian malignancy and confirming peritoneal tuberculosis.

Conclusion

Peritoneal tuberculosis should be included in the differential diagnosis of suspected ovarian malignancy, particularly when imaging findings are discordant. Gynecological ultrasound plays a key role in characterizing adnexal morphology and identifying peritoneal disease, helping guide clinical decision-making.



Figure 1. Right adnexal lesion

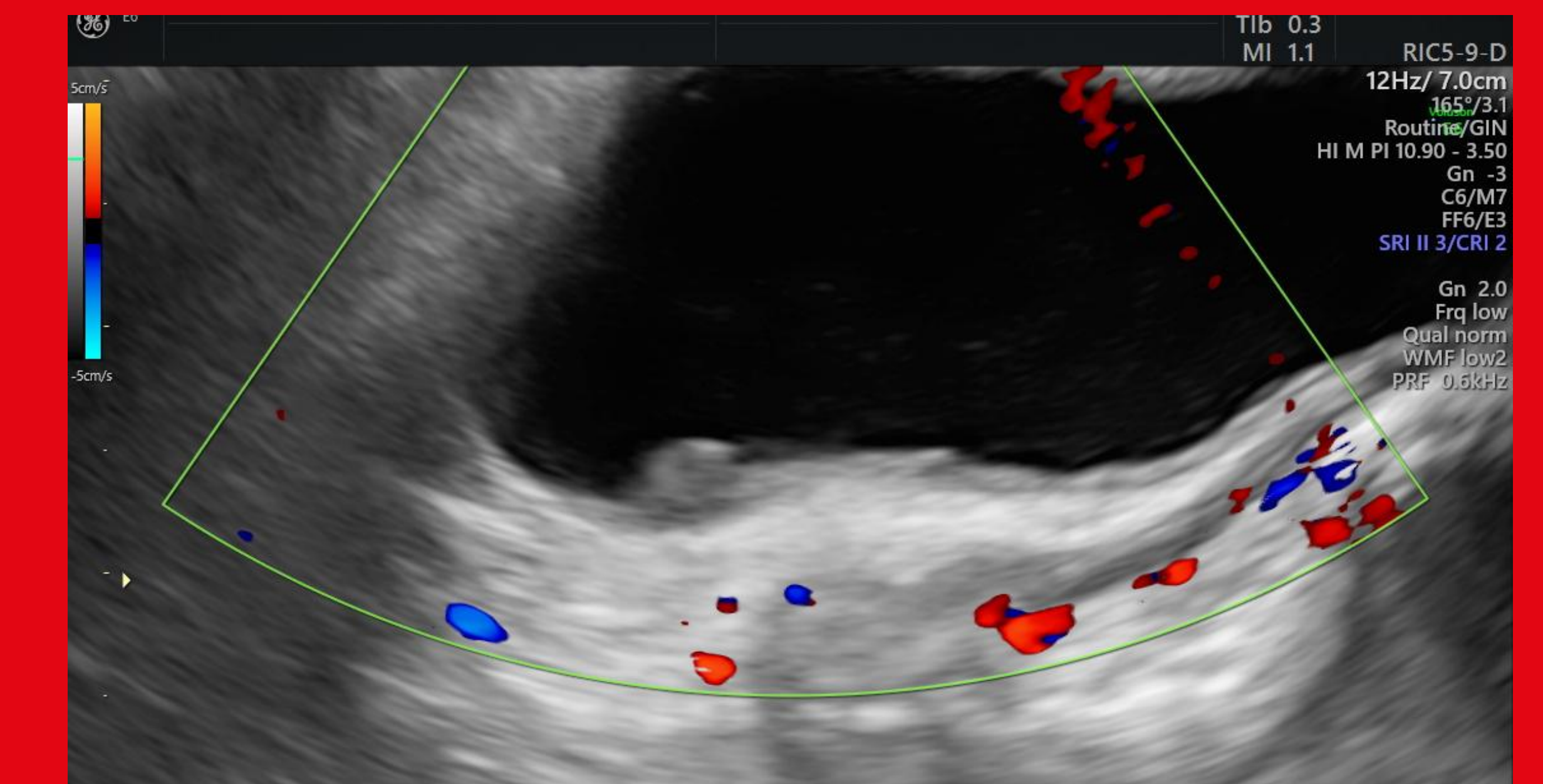


Figure 2. Peritoneal implant

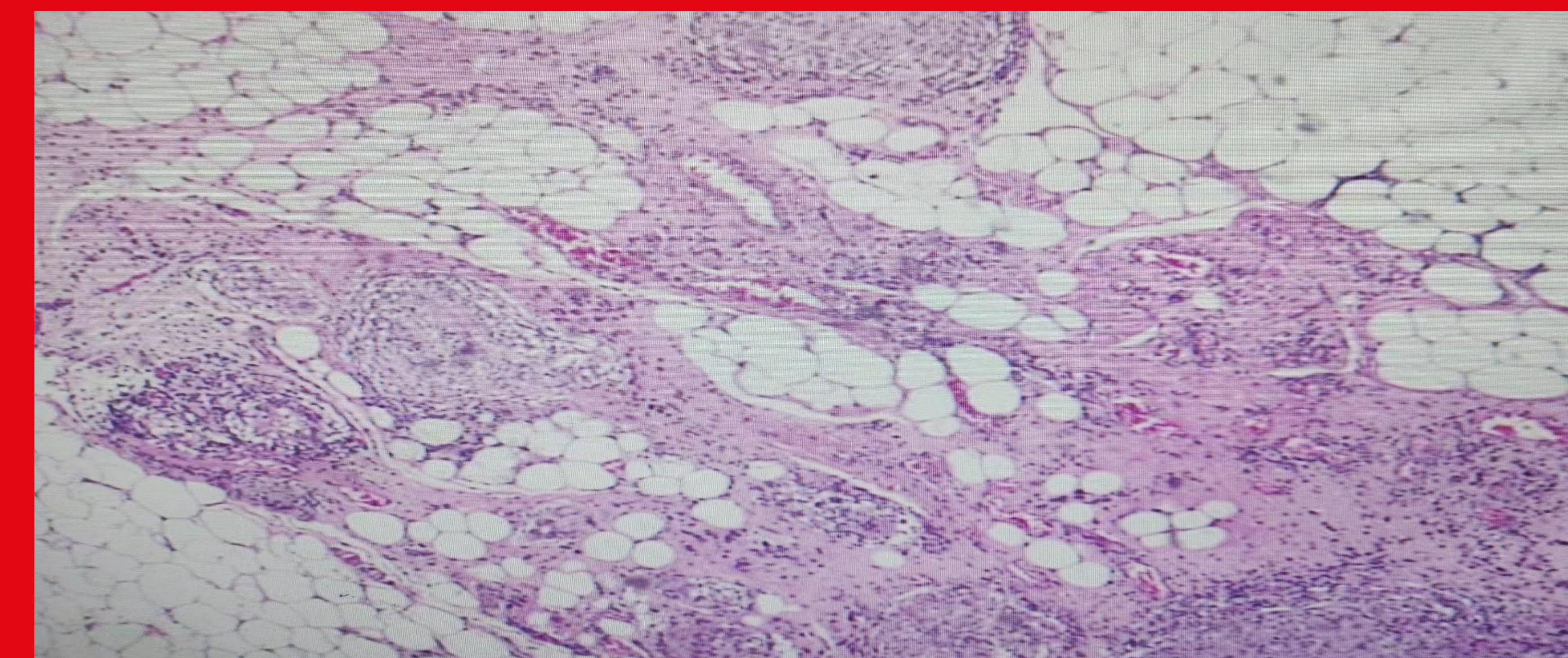


Figure 3. Inflammatory reaction consisting of multiple non-necrotizing granulomas of similar sizes in peritoneal soft tissue.