

Abdominal Tuberculosis Mimicking Advanced Ovarian Cancer in a 22-Year-Old Female- Case Report



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Introduction

Abdominal tuberculosis is a rare form of extra pulmonary TB, accounting for around 5% of all TB cases worldwide. Its presentation often mimics disseminated cancer, making diagnosis challenging, particularly in non-endemic regions. We present a case of a 22-year-old female, who was admitted to an acute medical unit in the UK with a 6-week history of weight loss, loss of appetite, abdominal pain, and swelling.

Some of her initial investigations	Results
CT scans of the chest, abdomen, and pelvis	Pleural effusion, ascites, peritoneal deposits, and small bowel thickening
CA125	439 U/MI

Clinical suspicion of malignancy (potential diagnosis of advanced ovarian cancer). She was counselled of such and she was transferred to the gynae- oncology ward, where a chest drain was also inserted drain the pleural effusion The oncology team recommended drainage of the ascites and cytological examination of the ascetic fluid. The oncology team recommended drainage of the ascites, followed by cytology. The patient and her family were offered significant support and counselling.

The cytology results were negative for any malignant cells

Further detailed history was taken again and it revealed that the patient, born and raised in the UK, had travelled to a remote part of Asia to visit her grandparents, where she stayed for three months before returning to the UK five months ago. There were no other significant medical history or other risk factors for tuberculosis (TB). In addition she had BCG vaccination as a child

Further investigations	
Staining and culture of peritoneal samples, which returned Further tissue and fluid samples were sent to a tertiary center for confirmation.	Positive for tuberculosis.
T-spot test	Ppositive for tuberculosis.

The patient then received a course of anti-tuberculosis treatment and she is currently undergoing a 6-month regimen of therapy. Three months after starting treatment, she showed significant clinical improvement, including weight gain and increased energy. Imaging revealed a reduction in the size of mediastinal lymph nodes and decreased ascites. However, the peritoneal disease and small bowel thickening remained stable.

Conclusion: This case emphasises the importance of comprehensive history taking, including travel and vaccination history, and the need to consider tropical diseases in differential diagnoses. Additionally, a raised CA125 should not automatically indicate ovarian cancer, as it can be elevated in other inflammatory conditions such as abdominal tuberculosis.

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