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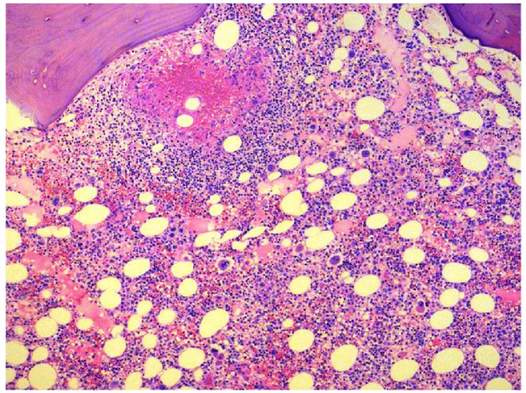
Isolated Anemia: An Unusual Solitary Presentation of Intravesical BCGitis

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INTRODUCTION

Tuberculous BCGitis is a rare complication that can occur after intravesical BCG therapy. In this case report we describe a clinical scenario of BCGitis presenting as severe anemia in an adult patient.



CASE PRESENTATION

- We present a case of a 50-year-old male patient with a history of urothelial cancer, hypertension, and benign prostatic hyperplasia.
- He underwent trans urethral resection of bladder tumor (TURBT) a year ago followed by intravesical BCG.
- He was referred to our medical center after suffering from progressive asthenia and pallor over the past few months. He recalled his symptoms initially appeared after BCG treatment administered 6 months ago. He reports that the symptoms got worse progressively since then.
- He reported no other symptoms, and his physical examination was nonrevealing. Complete blood count showed normocytic anemia with normal leukocyte and platelet count. Liver function tests where within normal ranges.
- A bone marrow biopsy was recommended and revealed tuberculoid granulomatous disease. Further investigation revealed positive spot IGRA test for tuberculosis.
- Given the patient's clinical presentation and investigation findings, a diagnosis of BCGitis was made.
- We initiated anti-tuberculosis treatment and the patients' symptoms started to regress and were finally resolved after a total course of 9 months. Repeat lab workup one year later confirmed resolution of anemia.

CONCLUSION

Even though it is rare, BCGitis must be ruled out in any patient submitted to BCG with a low threshold of suspicion and prompt therapy started if disseminated disease is present, which improves the outcome.

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