

# **Pancreatic Tuberculosis: between the surgeon's knife and the physician's drugs**

## **Case Reports and Review of the Literature**

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### **Abstract**

**Background:** Despite of the increasing incidence of tuberculosis worldwide, pancreatic affection remains a rare clinical entity, that could be easily misdiagnosed as pancreatic neoplasm .We herein present a case of y pancreatic tuberculosis together with other 2 cases from our hospital records and a review of the literature.

**Case outlines:** A 60 year old Sudanese male patient, who is known diabetic for 18 years on Mixtard insulin, presented with six-month history of vague epigastric pain, anorexia and weight loss. He didn't have chronic cough. The physical examination and chest X-ray film showed no abnormalities. Abdominal CT scan revealed a juxta ampullary hypodense pancreatic head mass with intrahepatic and extraheptic biliary dilatation. Whipple's pancreaticoduodenectomy was carried out after the diagnosis of pancreatic head malignancy was strongly suggested. Pathological result concluded the presence of tuberculous granulomas in the pancreatic sections and mesenteric lymphoid glands with no evidence of malignancy. The patient did well post-operatively and started the antituberclous drugs.

**Other 2 cases** were found in our hospital records, presenting with pancreatic solid or cystic lesions with a clinical evidence of pulmonary TB. Radiologically guided fine needle aspiration and smear examination were cornerstone diagnostic modalities. Both of the patients showed good response to antituberculous.

**Conclusion:** Pancreatic Tuberculosis mimics pancreatic neoplasm clinically and radiologically. This similarity could lead to unnecessary major surgery, despite being successfully treated with antituberculous.

**Key words:** pancreatic tuberculosis, Whipple's procedure