

Intraabdominal lymphnode tuberculosis as an important differential diagnosis of protracted febrility in transplanted patients

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Introduction

While the incidence of tuberculosis is steadily decreasing throughout the years, tuberculosis still presents a complex and important diagnostic problem, especially in immunocompromised population and when presenting in extrapulmonary locations.

We present a case report of a patient with renal transplantation presenting with febrility due to intraabdominal tuberculosis

CASE REPORT

- The patient was a 71-year old woman which has undergone cadaveric renal transplantation in 2007, probably due to diabetes, and was currently on maintenance immunosuppression.
- Patient presented in another hospital with high-grade fever and lower back pain and MSCT revealed necrotic lymph nodes in the abdomen between the aorta and inferior vena cava with dimensions 26x37x70 mm. Serology revealed positive IgG and IgM toxoplasmosis antibodies and therapy with pirimethamin and sulphadiazine was initiated, but with no clinical response.



Methods and results

- The patient was referred to our institution and an explorative laparotomy was done with subsequent lymph node puncture and drainage which revealed acid resistant bacteria finally identified in cultures as *Mycobact. tuberculosis*.
- Maintenance immunosuppression was de-escalated and therapy with 4 antitubercotics (pyrazinamide, rifampicin, isoniazid, etambutol) and other empiric antibiotics

Conclusion

Intraabdominal lymph node tuberculosis is an important differential diagnosis of protracted high-grade fever with lower back or abdominal pain in transplanted patients on immunosuppressive medication especially in older population and must be taken into account due to highly-specific treatment regime.