

Biliary Obstruction Due to Isolated Pancreatic Tuberculosis

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A 38-year-old male from Iraq without any history of previous infections presented at our institute with recently developed jaundice caused by a pancreatic head mass. A CT scan of the abdomen showed the mass in the pancreatic head without lymph node involvement or infiltration of the vascular structures (Image 1). ERCP revealed a double duct sign. Endoscopic stent placement adequately decompressed the common bile duct. At laparotomy, frozen section analysis of the lymph node samples (located at the hepatoduodenal ligament, diameter 1 cm, and the radix mesenterii, diameter 0.5 cm) showed no malignancy. A 4-cm mass was palpable in the pancreatic head and a pylorus-preserving pancreatic-duodenectomy was performed. Pathological examination of the specimen showed chronic pancreatitis caused by an extensive necrotizing granulomatous

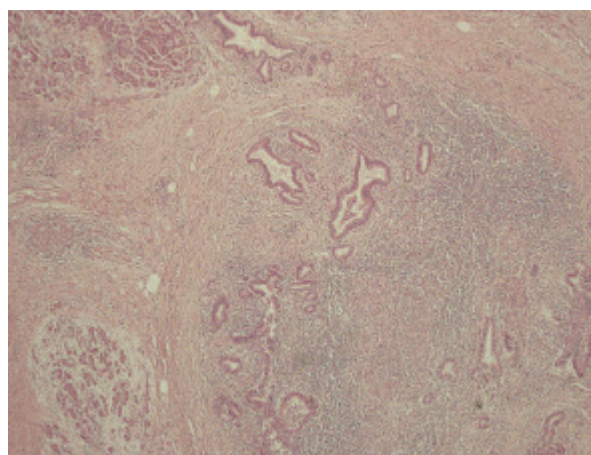


Image 2

inflammation (Image 2); staining for acid fast bacilli were positive. The peripancreatic lymph nodes also showed typical caseating granulomas (Image 3). The patient was successfully treated with anti-tubercular therapy and is doing well. Isolated pancreatic tuberculosis is extremely rare [1] and is

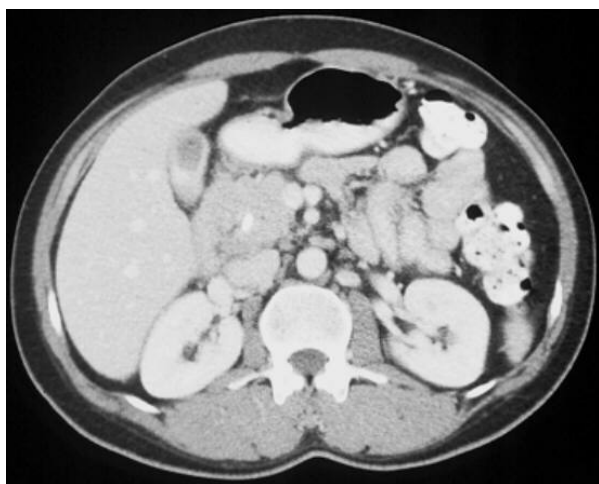


Image 1

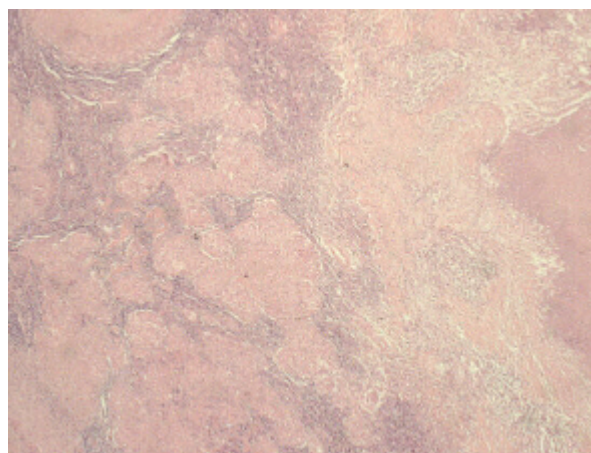


Image 3

usually not suspected prior to exploratory laparotomy or even definitive histological examinations.

As recently described in literature, it is a relevant problem as abdominal tuberculosis is becoming more common as world-wide emigration increases and, therefore, it should be considered in the diagnosis for a pancreatic mass [2].

Received September 9th, 2005- Accepted September 26th, 2005

Keywords Jaundice; Pancreas; Pancreatico-duodenectomy; Tuberculosis

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