IMAGES IN INFECTION



Diagnosis of abdominal tuberculosis by mini-laparoscopy

Thomas Theo Brehm^{1,2} · Stefan Schmiedel^{1,2} · Ansgar W. Lohse^{1,2}

Received: 21 February 2022 / Accepted: 3 March 2022 / Published online: 18 March 2022 © The Author(s) 2022

An 86-year-old woman presented with a 4-week history of fever and unexplained weight loss. Her medical history was notable for psoriasis vulgaris, and treatment with the TNF inhibitor adalimumab was initiated 3 months earlier. Laboratory examination revealed elevated AST (82 U/l), ALT (59 U/l), C-reactive protein (164 mg/l), and erythrocyte sedimentation rate (77 mm). A mini-laparoscopy was performed as described previously using a 2.75 mm trocar, a 2.3-mm Veress needle, and a 1.9-mm laparoscope [1]. It revealed multiple, small, whitish nodules scattered over the liver and spleen (Fig. 1). Hepatic biopsies showed acid-fast bacilli by direct microscopy, tested positive for *Mycobacterium tuberculosis* by PCR and mycobacterial culture later revealed a fully susceptible *M. tuberculosis* strain. The patient was placed on a standard regimen with rifampicin,

isoniazid, ethambutol, and pyrazinamide and had a good clinical response to treatment. This case demonstrates that mini-laparoscopy is a valuable tool in the diagnostic workup of patients with suspected abdominal tuberculosis, which is notoriously challenging due to nonspecific clinical, laboratory and radiological features [2]. Laparoscopic techniques offer the opportunity of targeted biopsies for histopathologic and microbiologic analyses under visual control and have a high diagnostic yield in patients with abdominal tuberculosis [3]. Compared to conventional laparoscopy, mini-laparoscopy is a less invasive technique, which requires smaller insertions to the abdominal wall due to ultra-fine instrumentation and can be safely conducted outside of the operation room with the patient under conscious sedation.

Thomas Theo Brehm t.brehm@uke.de

- I. Department of Internal Medicine, University Medical Center Hamburg-Eppendorf, Martinistraße 52, 20246 Hamburg, Germany
- ² German Center for Infection Research (DZIF), Partner Site Hamburg-Lübeck-Borstel-Riems, Hamburg, Germany



Fig. 1 Minilaparoscopy showing multiple whitish nodules scattered over the liver

Funding Open Access funding enabled and organized by Projekt DEAL.

Declarations

Conflict of interest On behalf of all authors, the corresponding author states that there is no conflict of interest.

Consent to participate and consent to publish The patient consents to having the data published.

Open Access This article is licensed under a Creative Commons Attribution 4.0 International License, which permits use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence, and indicate if changes were made. The images or other third party material in this article are included in the article's Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this licence, visit http://creativecommons.org/licenses/by/4.0/.

References

- Denzer U, Helmreich-Becker I, Galle PR, Lohse AW. Liver assessment and biopsy in patients with marked coagulopathy: value of mini-laparoscopy and control of bleeding. Am J Gastroenterol. 2003;98:893–900.
- Sanai FM, Bzeizi KI. Systematic review: tuberculous peritonitis– presenting features, diagnostic strategies and treatment. Aliment Pharmacol Ther. 2005;22:685–700.
- 3. Manohar A, Simjee AE, Haffejee AA, Pettengell KE. Symptoms and investigative findings in 145 patients with tuberculous peritonitis diagnosed by peritoneoscopy and biopsy over a five year period. Gut. 1990;31:1130–2.