

## Image case: Gastric tuberculosis

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35 years old male presented by recurrent hematemesis attacks and recurrent blood transfusion, no history of cough, with history of anti-tuberculosis therapy for pulmonary TB 2 years ago. General examination revealed pallor, emaciated, no lymphadenopathy, local examination showed epigastric tenderness and no organomegaly, and examination of other systems was unremarkable. Haemoglobin was 8 gm% (normocytic normochromic), chest Xray and abdominal ultrasound were free. Upper gastrointestinal endoscopy revealed ulcerated fundal mass. Endoscopic biopsies revealed caseating granulomas by histopathology examination.

Gastrointestinal tuberculosis is a rare disease, presented mainly in the ileocecal region. Mycobacterium tuberculosis infection in the stomach is similar to gastric carcinoma manifestations. Gastric TB is mainly secondary to pulmonary TB. Antrum and prepyloric area is the most common sites affected. Gastric tuberculosis is mainly existed as ulcerative followed by hypertrophic lesions. GTB diagnosis can be established by detection of acid fast bacilli and/or caseating granuloma in gastric mucosa or submucosa. Chemotherapy is mainly give good results, while surgery may be needed in gastric outlet obstruction cases.

**Ethical consideration:** Consent was obtained from the case. All the information gathered from the patient was handled confidentially, and it was used only for research purpose.

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278–279. [https://doi.org/10.1016/S0377-1237\(17\)30568-3](https://doi.org/10.1016/S0377-1237(17)30568-3)

Chaudhary P, Khan A, Lal R, Bhadana U. Gastric tuberculosis. *Indian Journal of Tuberculosis*, Volume 66, Issue 3, 2019; 411-417. <https://doi.org/10.1016/j.ijtb.2018.10.004>.

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**Image 1:** Tuberculous ulcerating fundal mass.