

Mesenteric Masking of Mycobacterium Tuberculosis

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Abstract

26 year-old Indonesian woman presented with a two week history of low back pain and abdominal pain. She denied any traumatic injury, nausea, vomiting, fevers, chills, or weight loss at the time. She had last traveled to Indonesia six months prior to presentation. Abdominal CT revealed diffuse ne-crotic mesenteric lymphadenopathy. Chest CT revealed nodules with no other abnormalities. Patient underwent bronchoscopy for AFB and after several days the AFB cultures from bronchoscopy and the lymph node biopsy returned positive for Mycobacterium Tuberculosis.

Patient was started on rifampin, isoniazid, pyrazinamide, and ethambutol. Classically TB present with hemoptysis, fevers, night sweats, and weight loss. This case shows atypical presentation of TB with necrotic mesenteric lymphadenopathy causing abdominal pain and referred low back pain. The differential diagnosis for mesenteric lymphadenopathy includes lymphoma, sarcoidosis, tuberculosis, Epstein-Barr virus, and cytomegalovirus so one should always take a thorough travel history if even a slight suspicion exists for TB on a differential.

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Biography:

Rohit Jain, MD is current academic hospitalist at Milton S. Hershey PennState Medical Center in central PA since 2016 and completed residency from St-Agnes Hospital Baltimore Maryland USA. He also completed fellowship in geriatrics from University of Maryland. He has published more than 14 papers in reputed journals and also has been serving as a reviewer to multiple society related to field of medicine. He is also interested in public health so at present he is pursuing master in public health from John Hopkins University Baltimore MD.