

中文題目：以肝臟單一假性腫瘤表現的肝結核

英文題目：Isolated Hepatic Tuberculosis Presenting as a Hepatic Pseudotumor

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A 59-year-old woman presented with a history of hypertension, reflux esophagitis, and peptic ulcer disease, all with regular medical follow-up. She developed intermittent night fever in March 2013, but did not check her body temperature. Associated symptoms included diaphoresis, intermittent epigastric fullness, and unintentional body weight loss of 5 kg in 4 months. Her symptoms persisted despite medical treatment at a local clinic, so she visited a tertiary hospital for further workup. The radiological impression of abdominal computed tomography (CT) was of advanced liver cancer. She decided to seek a second opinion, and visited our gastroenterology clinic in July 2013. She reported no respiratory symptoms, decrease in appetite, nausea/vomiting, fatigue, abdominal pain, change in bowel habits, melena, urinary discomfort, myalgia, or skin rash. She denied any contact or travel history, she did not smoke or drink alcohol, and she had no known allergies. On examination, her vital signs were normal. Her conjunctiva was pale, and cardiopulmonary and abdominal examinations were unremarkable. No skin rash or lymphadenopathy was noted, and complete blood count revealed only normocytic anemia with a hemoglobin level of 9.6 g/dl. Biochemical tests were all normal. Tumor markers including alpha-fetoprotein, carcinoembryonic antigen, and cancer antigen 19-9 were all within normal ranges. Abdominal ultrasound revealed ill-defined, mixed echoic liver tumors located around the hilum (Fig. 1). Abdominal CT showed ill-defined hypodense lesions around the hilum and enlarged left axillary lymph nodes (Fig. 2). An echo-guided liver biopsy was performed, and histopathology disclosed caseating granulomatous inflammation (Fig. 3), however an acid-fast stain failed to demonstrate any evidence of mycobacterium. Three sets of sputum acid-fast stains were all negative. A left axillary lymph node biopsy was arranged, and histopathology again confirmed caseating granulomatous inflammation. Histochemical studies again failed to demonstrate evidence of mycobacterium, however two sets of TB cultures of the left axillary lymph node yielded mycobacterium tuberculosis complex. Thus an anti-TB regimen was started on July 31, and follow-up abdominal CT after 3 months showed complete resolution of the liver tumors (Fig. 4)

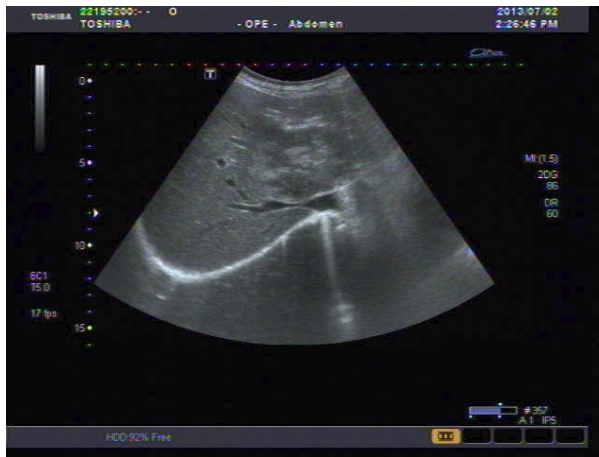


Figure 1. Ultrasonography showing irregular, ill-defined, mixed echoic liver masses around the hilum

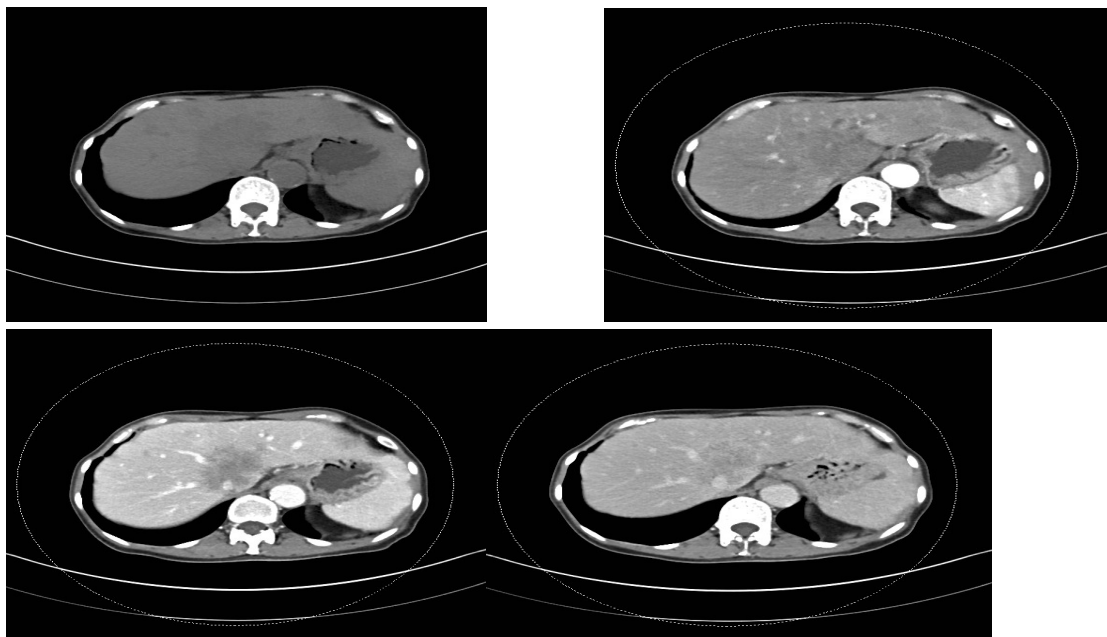


Figure 2. Abdominal CT with and without contrast showing irregular hypodense masses around the hilum.

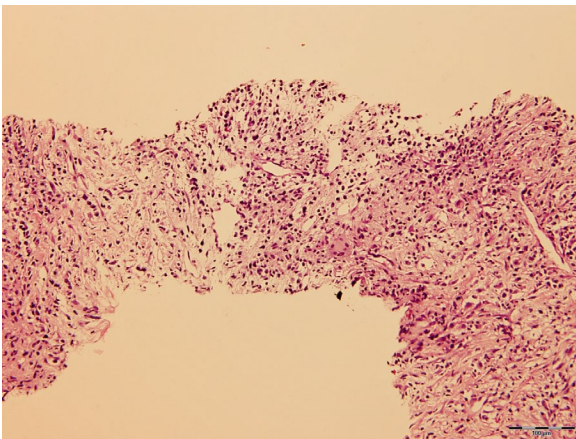
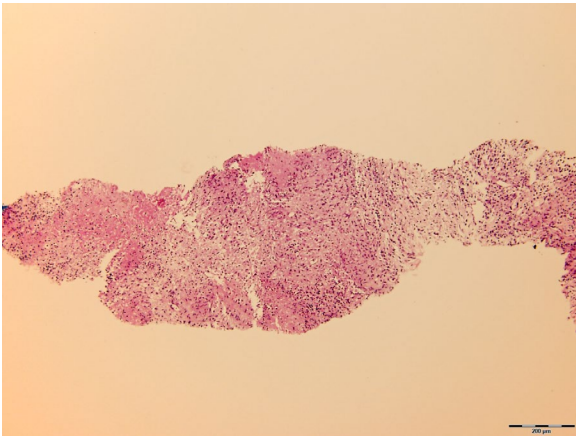


Figure 3. Histopathology of the liver demonstrating caseating granulomatous inflammation



Figure 4. Follow-up abdominal CT post anti-TB treatment showing resolution of the liver tumors