

PERIANAL TUBERCULOSIS MANIFESTING AS COMPLEX FISTULIZING DISEASE - WHEN PERIANAL DISCHARGE IS THE KEY

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Poster

Colorectal

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A case report describes anorectal tuberculosis presenting as complex perianal fistulizing disease with septic shock in an HIV-negative patient with chronic alcoholism.

KEY POINTS

- A 43-year-old male with alcoholism presented with perianal fistulas with bloody and purulent discharge, hematochezia, and deep rectal ulceration involving one third of the luminal circumference.
- Mycobacterium tuberculosis was detected by polymerase chain reaction in perianal discharge; sputum was acid-fast bacilli positive and thoracic CT showed cavitating consolidations and tree-in-bud pattern consistent with active pulmonary tuberculosis with endobronchial spread.
- The patient developed septic and hemorrhagic shock requiring intensive care, urgent surgery including hemostasis, partial fistulectomy, seton placement, and loop colostomy, followed by antitubercular medication with favorable evolution.
- Anorectal tuberculosis represents 1% of gastrointestinal TB cases, which itself represents less than 1% of all tuberculosis cases, and should be considered in the differential diagnosis of complex perianal fistulizing disease even in non-immunosuppressed patients.

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