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Summary

# PERITONEAL TUBERCULOSIS MIMICKING PERITONEAL CARCINOMATOSIS IN A CIRRHOTIC PATIENT: A CASE REPORT

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**A 72-year-old patient with cirrhosis and abdominal distention was diagnosed with peritoneal tuberculosis based on positive Xpert Mtb/Rif testing of ascitic fluid despite negative AFB cultures.**

## KEY POINTS

- The patient presented with 2 months of fevers and abdominal distention, and imaging showed ascites with micronodular infiltration of the greater omentum in the setting of cirrhosis and portal hypertension.
- Ascitic fluid analysis revealed 2400 total nucleated cells with lymphocytic predominance (87% lymphocytes, 5% neutrophils), protein level of 40, and negative cytology for malignancy.
- Direct examination and culture for acid-fast bacilli were negative, but Xpert Mtb/Rif testing of ascitic fluid was positive, establishing the diagnosis.
- In a region with heightened tuberculosis incidence, systematic tuberculosis workup was prioritized over diagnostic laparoscopy for persistent symptoms.
- The patient was started on four-drug anti-tuberculosis therapy with isoniazid, rifampin, pyrazinamide, and ethambutol and discharged with close follow-up.

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