

GASTRIC TUBERCULOSIS: UNSUAL ETIOLOGY FOR HEMATEMESIS, A CASE REPORT

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UEG Week Copenhagen 2023

Poster

Oesophagus

October 15, 2023

A case report describes gastric tuberculosis presenting with hematemesis in a 77-year-old woman, diagnosed by histology showing epithelio-giganto-cellular granuloma with caseous necrosis and successfully treated with antitubercular therapy.

KEY POINTS

- Upper endoscopy revealed 3 ulcerations on the greater curvature of the stomach, the largest measuring 4 centimeters, in a patient with hematemesis, epigastric pain, and weight loss.
- Histology of ulceration biopsies showed epithelio-giganto-cellular granuloma with caseous necrosis, establishing the diagnosis of gastric tuberculosis.
- The patient was successfully treated with antituberculosis therapy and a proton pump inhibitor, with significant improvement within one month despite presenting with bleeding.
- The authors note that stomach involvement is rarely seen in gastrointestinal tuberculosis and that endoscopic signs are not specific, with only histology establishing definitive diagnosis.
- This case is relevant for clinicians in endemic countries where tuberculosis resurgence has been observed since the COVID-19 pandemic.

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