

Calcific splenic tuberculosis

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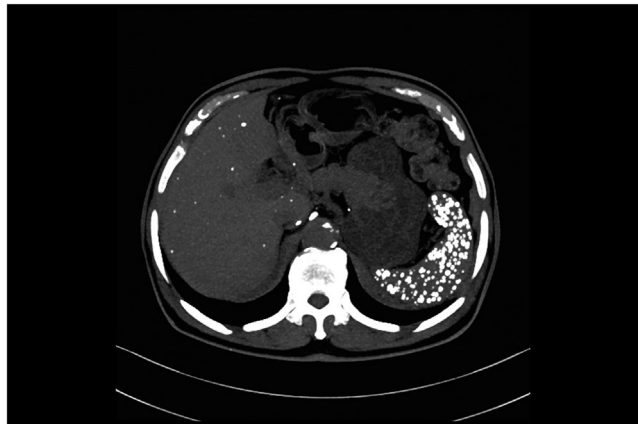


FIGURE.

CASE PRESENTATION

A 61-year-old man with a 50-year history of lumbar tuberculosis presented with abdominal pain for ten days. The patient reported having a previous surgical treatment of lumbar tuberculosis, and there was no other tissue involvement at that time. Computed tomography of the abdomen showed extensive calcification of the spleen on maximum intensity projection image (Figure), findings consistent with splenic tuberculosis. Tumor markers were within normal limits, including alpha fetoprotein, carcinoembryonic antigen and cancer antigen 199.

Esophagogastroduodenoscopy showed chronic non-atrophic gastritis. Multiple calcified foci were also revealed within the liver. The patient was treated conservatively with acid suppression and prokinetic therapies. He recovered with resolution of abdominal pain. The patient was feeling well at 2-month of follow-up and repeat computed tomography showed no evident change of the calcific splenic tuberculosis.

Splenic tuberculosis occurs as part of miliary tuberculosis and manifest as isolated splenomegaly with nodules of various sizes, each of which seems to represent granulomas.¹ Radiological manifestations of splenic tuberculosis include single or multiple hypoechoic focal lesions, splenic abscess, calcifications, and isolated splenomegaly.¹ To our knowledge, this is an extremely rare image of extensive calcific splenic tuberculosis with long history of tuberculosis. Potential differential diagnosis includes amyloidosis, silicosis and Gamna–Gandy

bodies, which can lead to similar splenic calcifications.^{2,3} Amyloidosis is an uncommon disease characterized by the deposition of fibrillar protein amyloid of beta-structure in organs or tissues. CT findings of splenic amyloidosis include calcification and poor contrast enhancement.² However, the diagnosis is dependent on tissue study to confirm the presence of amyloid deposits. Consider splenic silicosis when patients present with eggshell calcification, especially under occupational exposure to silica.³

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CONFLICTS OF INTEREST

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