

Tuberculosis of the Spleen

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The spleen is frequently involved in miliary tuberculosis, the tubercles may be few or very numerous, minute or readily visible. In either cases splenomegaly is slight. Occasionally a large tumour -like tuberculoma- usually single, measuring several centimetres in diameter is the only lesion found ⁽¹⁾.

It seems probable that most of the cases previously reported as primary splenic tuberculosis are examples of sarcoidosis ⁽²⁾.

Miliary tuberculosis is almost invariably found in the spleen in cases of fatal tuberculosis in children,
Primary tuberculosis of the spleen refers to a condition in which the main tuberculosis lesion is situated in the spleen.

In such cases very large tuberculous spleens is seen and is accompanied with inconspicuous tuberculous lesions elsewhere.

The main features beside the splenomegaly are anaemia and continuous fever, occasionally a leukemoid blood picture is seen (unlike Banti's disease) ⁽³⁾.

Tuberculosis of the spleen is commonest in the third and fourth decades of life in man. There is usually splenomegaly with pain in the left hypochondriac region, loss of weight, lassitude and anaemia. There has been a published case report of a large single cold abscess of the spleen that had ruptured and resulted in a subphrenic abscess.

Tuberculosis of spleen is common in apes⁽⁴⁾.

Case report:

A 35 years old man was admitted to Mosul military hospital on the 26th of May, 1978, with a two-month history of upper abdominal pain, fever, loss of weight and mild cough. He had received symptomatic treatment in his unit without benefit. He stayed three weeks in Mosul hospital where he underwent routine investigations, which demonstrated an elevation of ESR to 73 mm per hour (W.G), a normal chest X-ray, and a well defined cold area in the upper third of the postero-lateral part of the right lobe of the liver as seen by gamma ray scanning.

He was given a course of Bactrim, then Flagyl and Ampicillin each for ten days, without any improvement. He was referred to Rashid Military Hospital as a case of P.U.O on the 18th of June, where all the investigations were repeated with the conclusion of an amoebic liver abscess with pyogenic mixed infection, for which a laparotomy was decided upon. This was carried out on the 28th of June 1978. The findings were of multiple abscesses on the left lobe of the liver. The right lobe was normal. The spleen was enlarged (15x10x5cm in size), weighing 670gm, and containing many abscesses, the sizes of which varied from 1-7 cm. All other viscera were normal including the mesentery.

The postoperative period was uneventful and the patient started to get better. Biopsy reports dated the 5th and 11th July 1978 displayed tuberculous abscesses of the liver

and spleen. Anti-tuberculous treatment was commenced and the patient was discharged on the 10th of July 1978.

He was seen four months later enjoying good health, having gained weight and was free of symptoms. He was instructed to continue the anti-tuberculous medications under medical supervision.

Discussion:

A case of primary tuberculosis of the spleen is described above, which was not diagnosed even at surgery, a result of lack of awareness of the condition, and the misleading scanning study which had suggested the presence of a cold area in the right lobe of the liver that did not exist.

The patient had to wait for five months before receiving the proper treatment. He was emaciated, anaemic, and hypoproteinemic. If this patient had been operated upon earlier he would have been saved a lot of trouble. However, the portal of entry of the tubercle bacilli remains hidden in this case, as the mesenteric lymph nodes were found to be uninfected and the chest X-ray also showed normal lung field.

References:

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