

## Pancreatic Tuberculosis Mimicking A Pancreatic Cancer: Un Exceptional Clinical Entity

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**Background :** Pancreatic tuberculosis is an extremely rare disease, even in our country Morocco known for being an endemic area. The lack of pathognomonic clinical presentation and radiological features makes preoperative diagnosis unlikely and poses a diagnostic dilemma regarding a malignancy.

**Methods :** We report a case of a 45-years-old female patient, without any particular pathological history or any notion of recent tuberculosis infection, presented with a three months history of atypical epigastralgia associated with fever and weight loss. The clinical examination was unremarkable except for tenderness in the epigastric region. The standard biological workup including liver function and tumor markers were normal. Abdominal computed tomography showed a mass located in the head of the pancreas with the invasion of the small mesenteric vein (SMV) and the small mesenteric artery (SMA)  $<180^\circ$ . Endoscopic Ultrasound revealed the same features as the computed tomography and the cytological studies were not conclusive.

**Results :** After Multidisciplinary Team Meeting, the patient underwent an exploratory laparotomy. Intraoperatively, the mass invades the SMV and SMA. Only a biopsy of the pancreatic mass was performed revealed pancreatitis with suppurative necrosis with the presence of epithelioid and giant cells granulomatous. The XPERT MTB/RIF test was positive and the presence of mycobacterial DNA confirmed the diagnosis of tuberculosis. A complete course of anti-tubercular treatment was administered for six months [four drugs for two months: isoniazid (5 mg/kg), rifampicin (10 mg/kg), pyrazinamide (25 mg/kg), and ethambutol (20 mg/kg), and then two drugs for the next four months: isoniazid and rifampicin]. The patient remained asymptomatic after a six-month follow-up.

**Conclusions :** The diagnosis of pancreatic tuberculosis represents a challenge for the clinician due to the heterogeneous clinical presentation and the non-specificity of the radiological signs. Tuberculosis must always be evoked in front of a pancreatic mass in a young subject living in an endemic country. The final diagnosis is based upon a pathological and bacteriological study to avoid a surgical treatment burdened with high morbidity for benign disease. A well-managed anti-tuberculosis treatment allows healing.

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