CT FINDINGS OF TUBERCULOUS PERITONITIS

Dear Sir,

I read with interest the article by Na-Chiangmai et al on the computed tomography (CT) findings of tuberculous peritonitis (TBP) published in a recent issue of the Singapore Medical Journal.[1] The report provides useful information to aid clinicians in the diagnosis of TBP as diagnosis can still be very difficult in some cases, resulting in delayed appropriate treatment. However, one has to remember that the cases presented are probably in the moderate to advanced stages of their diseases. I am sure that there are equal or larger proportions of patients in the early stages that are not represented in this report. Such early cases have none or very small amount of ascites with or without enhancing parietal peritoneum (similar to Fig. 5 of the case report, thickened smooth enhancement of peritoneum). In the evaluation of tuberculosis (TB) infections, it is particularly important to look for other changes of TB infection elsewhere that may provide clues to the aetiology, as multiorgan involvements by TB are common.[2-6]

An example that we came across was a 57-year-old woman, previously treated for TB of the cervix, who presented with a two-week history of mild abdominal discomfort, bloating, sweating, anorexia and some weight loss. She also had non-productive cough. Clinical examination did not show any obvious ascites or abnormality except for bilateral pleural effusions. In addition to the bulky cervix, peritoneal involvement was evident by the presence of a small amount of ascites localised to the right subphrenic region and pouch of Douglas on CT. She was diagnosed with relapse of cervical TB with peritoneal extension.

In endemic areas, I am certain that there are many cases of early TBP not diagnosed or recognised due to minimal peritoneal or intra-abdominal findings. The manifestations of TBP are varied, ranging from very minimal or no abnormal findings to gross findings, as highlighted by Na-Chiangmai et al.[1] However, cases of early TBP are often overlooked, not diagnosed and reported as TBP, resulting in an underestimation of the true incidence of TBP and under-representations in studies on TBP. Therefore, it is very important for clinicians not only to be aware of the typical changes as reported but also the early features of TBP that can be so easily overlooked.

Yours sincerely,

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