Primary esophageal tuberculosis mimicking esophageal cancer with vascular involvement

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A 30-year-old female presented with progressively increasing dysphagia associated with loss of appetite and weight. Upper gastrointestinal endoscopy revealed a polypoidal and ulcerated lesion in the mid esophagus with endoscopic biopsies being inconclusive [Figure 1]. An endoscopic ultrasound (EUS) revealed asymmetrical thickening of the esophageal wall with loss of the wall stratification [Figure 2] as well as loss of fat planes with right pulmonary artery [Figure 3]. No mediastinal lymphadenopathy was noted. EUS guided fine-needle aspiration (FNA) [Figure 4] yielded caseous material and cytology revealed epithelioid cell granuloma with a giant cell and caseation necrosis [Figure 5] with presence of acid-fast bacilli [Figure 6]. The patient was initiated on weight based four drug anti-tubercular therapy (rifampin, isoniazid, pyrazinamide, and ethambutol). At 1 month of follow-up the patient had gained 5 kg of weight with complete resolution of dysphagia.

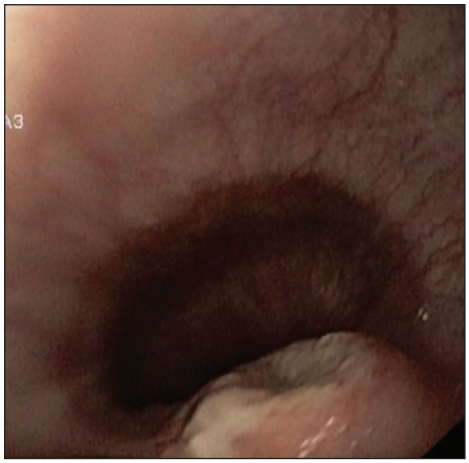

Figure 1. Polypoidal and ulcerated lesion in mid esophagus

Esophageal tuberculosis is usually secondary to mediastinal lymphadenopathy causing extrinsic narrowing or secondarily due to infiltration of the esophageal wall.[1,2] Primary esophageal tuberculosis, as in our case, is uncommon. Except a few, most such reports are from

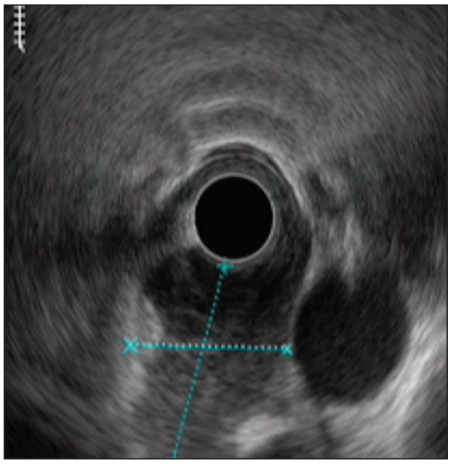

Figure 2. Endoscopic ultrasound: Asymmetrical thickening of the mid esophagus

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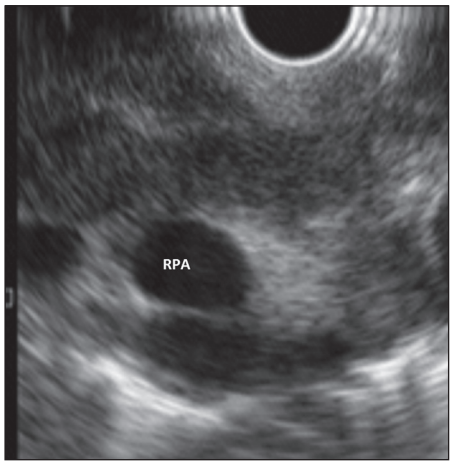

Figure 3. Loss of fate planes with right pulmonary artery

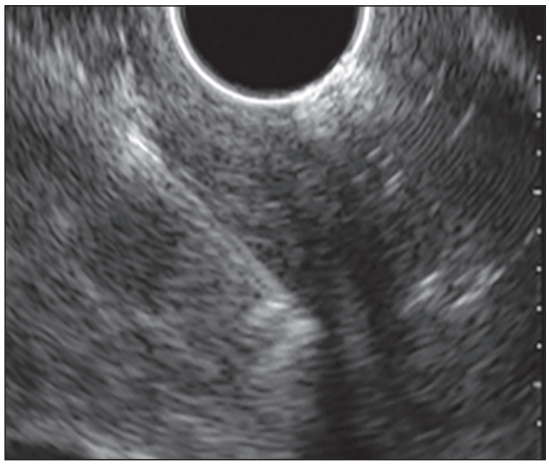

Figure 4. Endoscopic ultrasound fine-needle aspiration of the lesion

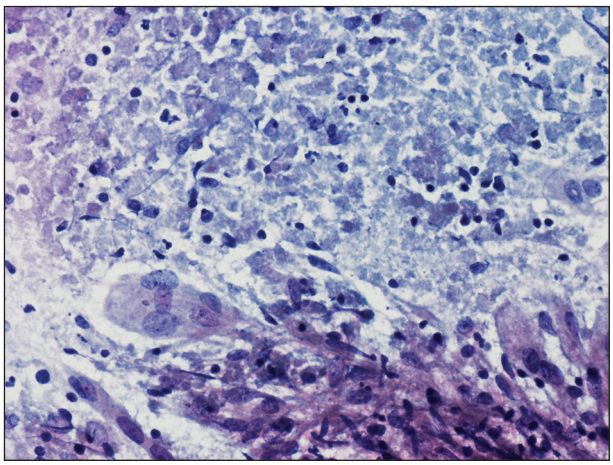

Figure 5. Epithelioid cell granuloma with a giant cell and caseation necrosis (Pap, ×40)

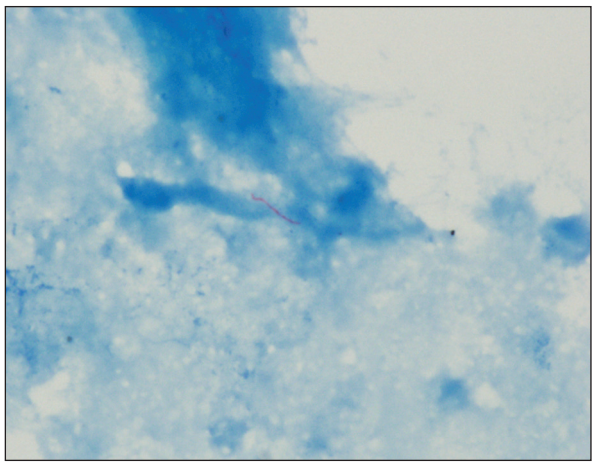

Figure 6. Ziehl–Neelsen stain showing acid-fast bacillus (×100)

the pre-EUS era where the mediastinal lymphadenopathy may have been missed.[3] It is unusual for esophageal tuberculosis to result in vascular involvement although this has been described in relation to the pancreatic tuberculosis.[4] EUS-FNA has emerged as an important tool to diagnose the esophageal tuberculosis.[1,2]

REFERENCES

1. Rana SS, Bhasin DK, Rao C, *et al*. Tuberculosis presenting as dysphagia: Clinical, endoscopic, radiological and endosonographic features. *Endosc Ultrasound* 2013;2:92-5.
2. Rana SS, Bhasin DK, Sharma V, *et al*. Dysphagia as the first manifestation of tuberculosis. *Endoscopy* 2011;43 Suppl 2 UCTN:E300-1.
3. Huang YK, Wu YC, Liu YH, *et al*. Esophageal tuberculosis mimicking submucosal tumor. *Interact Cardiovasc Thorac Surg* 2004;3:274-6.
4. Rana SS, Sharma V, Sampath S, *et al*. Vascular invasion does not discriminate between pancreatic tuberculosis and pancreatic malignancy: A case series. *Ann Gastroenterol* 2014;27:395-8.

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