

Isolated Esophageal Tuberculosis: An Exceptional Cause of Dysphagia

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Abstract

Primary esophageal tuberculosis is a very rare condition. Very few publications are available and generally relate to isolated cases, most often secondary to pulmonary tuberculosis.

Report an observation of esophageal tuberculosis revealed by isolated dysphagia.

Keywords: *Esophageal Tuberculosis; Dysphagia; Submucosal Formation*

Introduction

Primary esophageal tuberculosis is a very rare disease even in countries with a high prevalence of tuberculosis. It accounts for 0.3% of gastrointestinal tuberculosis cases [1], very few publications are available and generally relate to isolated cases. It is most often secondary to tuberculosis of thoracic localization: pulmonary, lymph node or spinal column [2].

Goal of the Study

Report an observation of esophageal tuberculosis revealed by isolated dysphagia.

Observation

70-year-old patient presented in March 2012 with dysphagia with solids, isolated, without fever, asthenia or weight loss. The somatic examination was unremarkable. There was no notion of tuberculosis contagion.

The upper digestive endoscopy objectified a submucosal formation of the middle 1/3 of the esophagus 28 cm from the dental arches, submucosa, 2 cm long axis, covered with a mucous membrane of normal appearance and partially reducing the lumen esophageal which remains permeable.

Esophageal transit revealed a narrowing of the middle third of the esophagus (Figure 1).



Figure 1: Esophageal transit: narrowing of the middle 1/3 of the esophagus.

The thoracic CT showed a nodular lesion of the middle third of the esophagus, oval, well limited, measuring 26 x 16 mm of density and heterogeneous enhancement (tissue and fluid), pushing back the trachea, in contact with the aortic arch and the vertebral bodies but keeping a cleavage plane, there is no pleuropulmonary lesion, mediastinal lymphadenopathy or bone lesions, nor signs in favor of a locoregional extension (Figure 2).

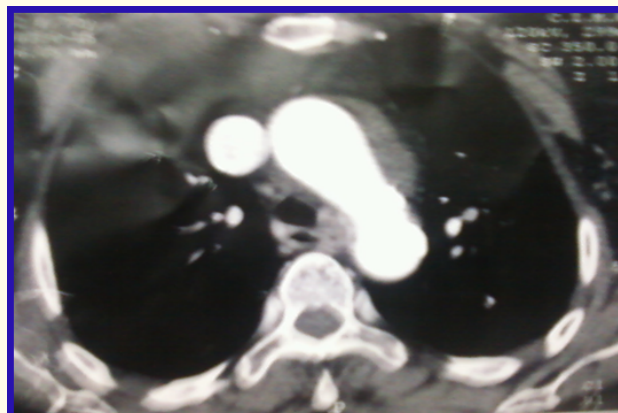


Figure 2: Thoracic CT: nodular image of the middle 1/3 of the esophagus.

Surgery was performed with dissection of the subcarinal esophagus. Intraoperative exploration revealed a submucosal mass, well limited, 30 mm in diameter. It was completely extirpated, respecting the esophageal mucosa.

The course was good with disappearance of dysphagia and mass. Anatomico-pathological examination of the surgical specimen reveals the presence of a granulomatous inflammatory process, epithelioid-gigantocellular with caseous necrosis suggesting caseo-follicular esophageal tuberculosis (Figure 3).

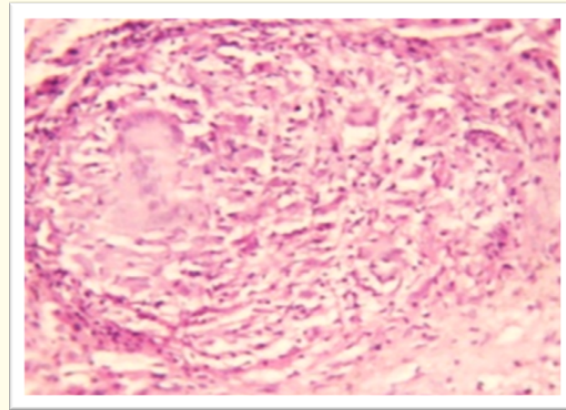


Figure 3: Anatomico-pathological examination: Esophageal granulomatosis with foci of caseous necrosis.

The aetiological investigation is negative with the absence of other tuberculous localizations and the viral serologies: B, C and HIV were negative.

Antituberculosis treatment was started for 6 months with good clinical outcome.

Conclusion

In endemic countries, tuberculosis can affect any organ and give rise to polymorphic clinical pictures. In some locations, diagnosis is often difficult. Surgery remains a useful means of making the histological study and the definitive diagnosis of tuberculosis.

Bibliography

1. B Marshall. "Tuberculosis of the gastrointestinal tract and peritoneum". *The American Journal of Gastroenterology* 88.7 (1993): 989-999.
2. Esophageal TB is rare, usually occurring because of spread from TB in the thorax either from mediastinal nodes, the lungs, or the spine.

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