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Concomitant Gastric and Hepatic Tuberculosis Misconceived as a Malignant Gastrointestinal Stromal Tumor with Hepatic Metastasis

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Diagnosis of gastric and/or hepatic tuberculosis is often delayed or missed because of its non-specific symptomatology and rare occurrence. We present here a rare case of concomitant gastric and hepatic tuberculosis which was preoperatively mistaken for a malignant gastrointestinal stromal tumor (GIST) with hepatic metastasis in a 49year-old male. The patient, with no past history of pulmonary tuberculosis, was admitted with indigestion and epigastric discomfort for 2 weeks. There were no abnormal findings on physical examination and chest radiology. Gastrofiberscopic examination revealed a large, submucosal tumor with central ulceration on the middle third of the stomach and biopsy targeted on the ulceration site showed only chronic inflammation. Abdominal CT showed an exophytic, ovoid gastric mass having calcified components on the side of lesser curvature with huge, inhomogenous hepatic masses in the left lobe, requiring differentiation from possible hematogenous metastasis of gastric lesion, most likely malignant GIST. The patient underwent distal gastrectomy and left lobectomy of the liver. The case was confirmed pathologically as tuberculosis showing confluent epithelioid cell granulomas and multinucleated giant cells with caseous necrosis. (J Korean Surg Soc 2002;63:432-436)

Key Words: Tuberculosis, Stomach, Liver

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1824 Barkhausen(1) 가 0.04 0.9% ,(2-4)1971 (5) 20 (6,7)가 Bristowe (8)가 1858 1980 (9)10 .(10,11)가 가 가

(Fig. 1), 가 -



Fig. 1. Chest P-A shows no evidence of pulmonary tuberculosis.

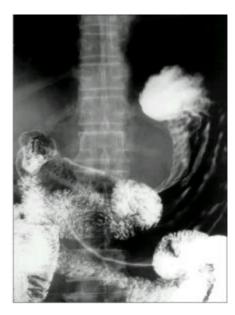


Fig. 2. UGIS shows extrinsic compression on lesser curvature of the gastric body.

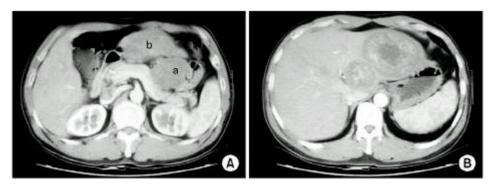


Fig. 3. (A) Abdominal CT shows exophytic tumor located on the gastric body (a) and heterogeneous tumors on the left lobe of the liver (b). (B) Abdominal CT shows multiple heterogeneous tumors on the left lobe of the liver.



Fig. 4. Gastrofiberscopic finding shows submucosal protruding mass with a central ulceration.

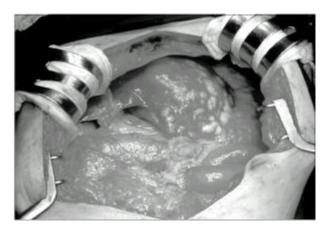


Fig. 5. Operative finding shows multiple pale brown-colored lesions located mainly on the left lobe of the liver.

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(Fig. 2),
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                                                              (Fig. 7B)
                                          (Fig. 3).
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                 (Fig. 4),
                                                                                          14
                                                                                        isonizid, rifampin
                                                                                                           pyrazinamide
               가
                                              15 cm
                            가 5
                                                                        , 50%
          3 cm
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(Fig. 5).
                                         (Fig. 6 A, B)
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  (Fig. 6C, D)
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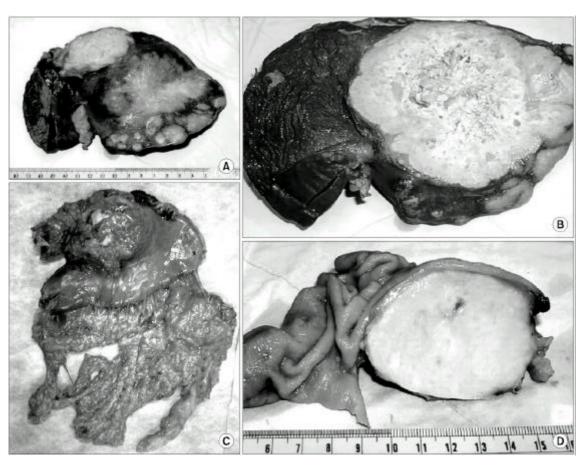


Fig. 6. (A) The left lobe of the liver contains multiple non-capsulated necrotic tumors. (B) The cross section of the hepatic lesion shows well-demarcated, necrotic cut surface. (C) The specimen shows en-bloc resection of gastric distal portion including extrinsic tumors located on the lesser curvature. (D) The cross section of the gastric submucosal tumor shows heterogenous yellowish surface.

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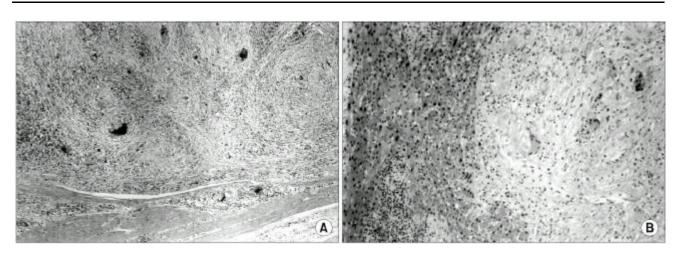


Fig. 7. (A) Gastric submucosal lesion shows multiple epitheloid granuloma (H&E  $\times$ 40). (B) Hepatic lesion shows multi-nucleated giant cells with epitheloid cells (H&E  $\times$  100).

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.(17)

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