Tuberculous Peritonitis Incidentally Diagnosed on FDG-PET/CT

Naoki Tsujimoto, Takeshi Saraya, Hajime Takizawa and Hajime Goto

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A previously healthy 78-year-old woman was admitted to our hospital with a 4-month history of a low-grade fever accompanied by weight loss of 15 kg. Unenhanced thoracoabdominal computed tomography demonstrated small bilateral pleural effusions and ascites as well as marked thickening of the parietal peritoneum; however, no lesions were found in the lung parenchyma.

Whole body fluorodeoxyglucose (FDG) positron emission tomography (PET)-CT showed a very high standardized uptake values (SUVs) surrounding almost the entire peritoneal cavity (Picture A-C) and in the right pleura (Picture C). Thoracentesis of the right pleural effusion was positive for *Mycobacterium tuberculosis*. Thereafter, repeated thoracic CT showed newly developed uniform 2- to 3-mm discrete nodules scattered throughout the lung parenchyma. The patient died of multiple organ failure one week later. Autopsied specimens showed evidence of multiple caseating granulomas in the liver, spleen, small intestine and lungs, suggesting a diagnosis of miliary tuberculosis.

The use of a wide differential diagnosis is required in cases of peritoneal thickening with high SUV on PET-CT (1), including cases of tuberculous peritonitis (2).

The authors state that they have no Conflict of Interest (COI).
References


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