Tumor-like Lesion of a Hepatoduodenal Ligament due to Tuberculosis

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Picture 1.

Picture 2.

A 38-year-old man was referred to our hospital for epigastralgia with fever. He had no previous history of tuberculosis. On a blood examination, his white blood cell count, C-reactive protein level, liver function, and tumor markers

were within the normal ranges. Enhanced abdominal computed tomography revealed an ill-enhanced tumor-like lesion with a cystic component between the hepatic hilar region and the head of pancreas (Picture 1). Endoscopic ultra-

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Picture 3.

Picture 4.

sonography showed the lesion as a low-echoic mass along the portal vein (Picture 2). On gastroduodenal endoscopy, a tiny depressed lesion with converging folds was recognized at the superior duodenal angle (Picture 3). A microscopic examination of a sample collected from the lesion, obtained by fine-needle aspiration under endoscopic ultrasonography, showed an inflammatory cell infiltration and necrotizing epithelioid cell granuloma (Picture 4). Although caseous necrosis was not evident based on histopathological testing, we confirmed that the patient had tuberculosis based on a posi-

tive QuantiFERON-TB Gold test result and a positive stool culture for *Mycobacterium tuberculosis*. The lesion was diagnosed as tuberculous lymphadenitis in the hepatoduodenal ligament with a duodenal fistula. No other lesion, including a pulmonary mass, was detected. The patient was treated with an anti-tuberculosis drug, and the lesion thereafter almost completely disappeared.

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