INTRODUCTION

An unusual case of tuberculosis of the gall bladder is being presented for its extreme rarity as it was not associated with gallstones or cystic duct obstruction.

CASE REPORT

A 30-year-old male patient presented with non-specific chronic abdominal pain for 2 years, with loss of appetite since one month. Past and family history was not significant. On clinical examination, apart from mild tenderness in the umbilical region, there was no other positive finding. On investigating, ultrasonography of abdomen showed enlarged lymph nodes at porta hepatitis (44.3 x 27 mm), celiac (19.4 x 15 mm), pre splenic (68.6 x 41.8 mm) and right iliac fossa region (11.4 x 19.2 mm). Routine blood investigations, ESR, liver function tests, X-ray chest and plain X-ray abdomen did not show any abnormality. Gall bladder wall thickness and serosal surface was normal but a hard nodule of 0.5 cm x 0.5 cm was palpable at the neck of the gall bladder, giving an impression of impacted stone in the neck. Biopsy was taken from the largest lymph node in the right iliac fossa region and cholecystectomy was done. When the resected specimen was examined, it showed a gall bladder with normal thickness, normal cystic duct and normal serosal and mucosal surface. When the palpable nodule was sectioned, thick caseous material oozed out of it. Histopathological examination of the lymph node and gall bladder showed chronic granulomatous inflammation with presence of Langhan's type of giant cells, suggestive of tubercular lymphadenitis and chronic tubercular cholecystitis (Figure 1). To rule out the possibility of immunodeficiency, he was subjected to ELISA test for Human Immunodeficiency Virus, which was negative. The postoperative period was uneventful and the patient was discharged on the 8th postoperative day on oral antitubercular drugs. The patient is asymptomatic after 6 months of regular follow-up.

DISCUSSION

Despite a high prevalence of tuberculosis of the gastrointestinal tract, tubercular involvement of the gall bladder is very rare, as only 41 cases were reported up to 1970.[1] Rarity of tubercular involvement of the gall bladder has been attributed to the high alkalinity of bile and bile acid inhibiting the growth of tubercle bacillus. It has been suggested that cystic duct
obstruction leads to the disappearance of bile acid from
the gall bladder and therefore to a lowered resistance
against this infection. Previous damage to the gall
bladder due to gall stones seems to be a prerequisite
for the development of tuberculous cholecystitis as
almost all reported cases have coexistent gallstones. A
search of the available literature revealed only two case
reports of tubercular cholecystitis without associated
gall stones or cystic/ common bile duct obstruction.\cite{2,3}

But in both these cases there was per-operative
evidence of adhesions around the gall bladder
suggestive of chronic cholecystitis, while in our case
there was no evidence of peri-cholecystic adhesions;
the only abnormality was the hard nodule felt in the
neck of the gall bladder. This case is being reported
for its extreme rarity.

The problem of the diagnosis of tubercular involvement
of the gall bladder is obvious as all the signs, symptoms
and investigation are non-specific. Ironically,
postoperative histopathological confirmation becomes
the greatest tragedy of diagnosis because a condition
that is curable medically has to follow surgery
unavoidably.\cite{4}

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