

[ PICTURES IN CLINICAL MEDICINE ]

## Tuberculosis Peritonitis Mimicking Ovarian Cancer Metastasis

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**Key words:** tuberculosis peritonitis, CA-125, ovarian cancer, metastasis

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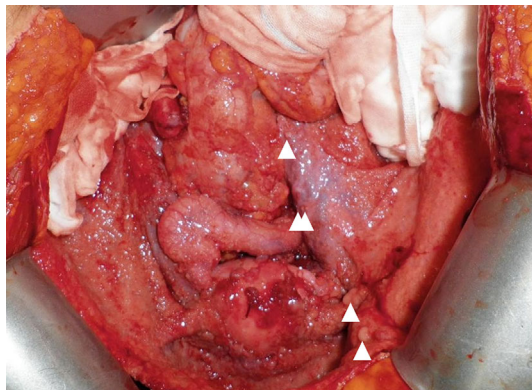
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Picture 1.



Picture 2.



Picture 3.

A previously healthy 31-year-old Philippine woman visited our hospital and presented with a 2-month history of abdominal bloating without a fever, weight loss, or abdominal pain. Laboratory data showed serum CA-125 results of 1,550 U/mL (cut-off value: 35 U/mL). Chest X-ray findings were normal, but computed tomography revealed a solid mass in the left ovarian region, as well as ascites, peritoneal

hyperplasia, and peritoneal dissemination nodules (arrows, Pictures 1 and 2). On an ascites examination, the total protein level was 4.7 g/dL, and the total cell number was 2,100/mm<sup>3</sup>, but cytology of the ascites showed no malignancy. She was suspected of having pelvic cancer with peritoneal metastasis and therefore underwent surgery. However, the surgical findings showed multiple nodules around the uterus that were spread diffusely in the peritoneum (arrowheads, Picture 3). A pathological examination of a nodule in the intraoperative frozen section examination showed caseating granuloma without malignancy, and the tissue culture showed *Mycobacterium tuberculosis*. The adenosine deaminase level in the ascites was 96 U/L. Therefore, tuberculous peritonitis was diagnosed, and anti-tuberculosis drugs were administered. Tuberculosis peritonitis often presents with peritoneal hyperplasia, ascites, and high CA-125 results. These findings may lead to a misdiagnosis of ovarian cancer (1, 2). This case emphasizes the fact that tuberculosis peritonitis should be considered as a differential diagnosis of ovarian cancer metastasis in patients with elevated serum CA-125 values.

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