

Abstract

Introduction

Appendicular tuberculosis is a rare form of extra-pulmonary tuberculosis involving the gastrointestinal tract. Diagnosis of appendicular tuberculosis is difficult due to its atypical presentation. Histological confirmation remains the gold standard in diagnosis.

Case presentation

We report a 37-year-old Sri Lankan male presenting with a diarrheal illness with high fever for 8 days in the background of constitutional symptoms for 1 month duration. He was pale and had moderate amount of free fluid in the abdomen. Inflammatory markers were elevated, and CT abdomen revealed a thickened elongated appendix. Diagnostic paracentesis revealed a lymphocytic transudative ascites. Macroscopically minimally inflamed appendix removed at laparotomy and histology confirmed presence of tuberculous granulomata with caseation. He made an uneventful recovery by the anti-tuberculous therapy.

Conclusion

High degree of suspicion is needed in diagnosis of appendicular tuberculosis due to its nonspecific presentation and we emphasize the need of histological assessment of the appendix resected for case of clinical appendicitis, as it may prompt the diagnosis of rare but treatable case of tuberculosis.