Tuberculosis of Gall Bladder Presenting as Empyema

Sir,
Tuberculosis of the gall bladder is extremely rare, and hence, not adequately documented.\(^1\) Cholelithiasis is a common association of both tuberculosis and malignancy of the gall bladder. Their clinical presentations also mimic each other.\(^2\)

A 58-year-old male patient presented with a year-long complaint of chronic upper abdominal pain along with fever since the last 5 days. There was no prior history of tuberculosis or of contact with such patients. Clinically, he was febrile and the abdomen showed epigastric and right hypochondriac tenderness. Murphy’s sign was positive. Hematological examination revealed leucocytosis and neutrophilia. ESR was 67 mm in the first hour. Liver enzymes and chest X-ray were normal. Abdominal ultrasound revealed thickened wall with distended gall bladder and a calulus in the neck of the gall bladder suggestive of chronic calculous cholecystitis.

After 3 days of failed conservative treatment, laparotomy through Kocher’s incision revealed thickened, distended, and densely adherent gall bladder with omental adhesions. Pus was aspirated from the tense gall bladder. Following adhesiolysis, cholecystectomy was performed by the fundus-first method. Histopathological examination of the specimen revealed features suggestive of acute on chronic cholecystitis. Moreover, intraoperatively, the gall bladder was found to contain pus and stones at the neck. Surgery was justified in our case since there was co-existent empyema of the gall bladder. A study by Raja et al.\(^4\) showed that the sensitivities of IgG, IgA, and IgM antibodies for tuberculosis are 62, 52, and 11%, respectively, while the specificities are is 100, 97, and 95%, respectively. Kaustova et al.\(^5\) reported that the remarkable sensitivity of the serological tests applied to culture-negative pulmonary and nonpulmonary tuberculosis makes the test a good adjuvant in cases of suspicion of tuberculosis.

Although tuberculosis of the gall bladder is a rare entity, we recommend subjecting all resected gall bladder specimens for histopathological examination in endemic areas to rule out tuberculosis.

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