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Disseminated rectal tuberculosis in an HIV-seropositive patient: A case report

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The risk of developing tuberculosis (TB) is estimated to be between 16-27 times greater in people living with HIV than among those without HIV infection. The gastrointestinal (GI) tract has been increasingly affected by tuberculosis, especially in immunocompromised patients. Although strict rectal involvement is rare, the GI site mostly affected is the ileocecal region. Thus, tuberculosis should always be considered in the differential diagnosis of perianal and rectal lesions, and more so in patients infected with the HIV virus. The author presents the case of a man presenting a long-term history of fever, night sweats, weight loss, bloody diarrhea, fecal incontinence, tenesmus, and rectal pain. HIV serology was positive. The patient stool sample stained by the Ziehl-Neelsen method, which disclosed the diagnosis of rectal tuberculosis.

Biography

Hoda Namdari Moghadam has completed her master at 28 years from Azad university and more than 10 years supervision of Firozgar Hospital-Tehran center of Gastroenterology Tehran-Iran.

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