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Wrong entry: Gastro-splenic fistula formation in gastric tuberculosis presenting with massive hematemesis

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Massive hematemesis often presents from bleeding peptic ulcer disease, varices or on a lesser extent, from malignancies. When interventions were stretched to cover these causes of bleeding, other etiologies need to be considered. We report a case of massive hematemesis due to Gastric Tuberculosis presenting with Gastrosplenic fistula. The patient is a 62-year-old male who presented with 6 months history of recurrent dull abdominal pain and an acute episode of hematemesis. The patient underwent EGD and showed a large ulcer with raised edge starting at the CEJ. The patient was referred to Surgery service due to recurrent hematemesis and underwent Exploratory Laparotomy which revealed a large ulcer seemingly involving the splenic hilum, with the congested spleen. Histopathologic diagnosis showed chronic granulomatous inflammation consistent with tuberculosis. Anti-Kochs treatment was started, the patient improved upon discharge. Gastroduodenal tuberculosis is rare and gastrosplenic fistula resulting from tuberculosis is even rarer. There are no specific signs or symptoms and no characteristic endoscopic findings. It is our recommendation that among patients with a similar presentation who come from areas endemic for tuberculosis, every effort should be made to confirm the diagnosis.

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