



## **Pancreatic Tuberculosis Diagnosed with EUS-FNA; Important Awareness for Cystic Pancreatic Lesions in Endemic Areas.**

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### **Background:**

Most experienced pancreatologists and pancreatic surgeons recommend resection for even moderately suspicious cystic lesions in the body and tail of the pancreas, and for highly suspicious lesions in the head of the gland in developed countries. We describe three cases with pancreatic tuberculosis mimicking cystic neoplasm on imaging.

### **Patients:**

A patient presented with fever, bad general condition and a pancreatic solid-cystic mass in CT-scan, diagnosed as pancreatic carcinoma. Second patient, who had back pain, and a pancreatic cyst at the pancreas body, clinically diagnosed as pancreas simple cyst. Third patient a 25 years lady presented with abdominal pain and weight loss and cystic lesion at the head of the pancreas. Endoscopic ultrasound guided fine needle aspiration (EUS-FNA) was done for all cases.

### **Results:**

EUS-FNA showed caseating granulomatous inflammation in these three cases and acid fast bacilli in one of them.

### **Conclusion:**

We emphasize that tuberculosis should now be included in the differential diagnosis of pancreatic cystic or solid-cystic masses especially in endemic regions. Diagnostic indicators include the association of a pancreatic cystic-solid mass with or without fever, the presence of abdominal pain and a cystic pancreatic mass in a younger patient coming from a region where tuberculosis is endemic.