

Isolated porta hepatis lymphadenitis as a presenting feature of tuberculosis

A 40-year-old African patient presented with loss of appetite and weight, and a 3-month history of vague ill-defined abdominal pain. A computed tomography scan demonstrated an isolated hypodense 36 mm lymphadenopathy in the porta hepatis (*Figure 1*). The lymph node was harvested by laparoscopy (*Figure 2*).

At operation, the lymph node was identified in the porta hepatis, and dissected off the right branch of the portal vein and hilar structures using bipolar diathermy. Histology of the lymph node demonstrated caseating granuloma and tuberculous bacilli on Ziehl–Neelsen staining. The patient was treated with a standard anti-tuberculous regimen and his symptoms improved.

Hypodense lymphadenopathy in the porta hepatis often suggests tuberculosis (Mathieu et al, 1986; Iglesias Castanon et al, 1995). Rarely porta hepatis tuberculosis can cause obstructive jaundice and can be

confused with perihilar cholangiocarcinoma (Arora et al, 2008).

Fine needle aspiration is often inadequate, even when a safe window is available, and yields insufficient tissue for a positive diagnosis (Gupta et al, 1999). Laparoscopy allows excision biopsy of the suspected lymph node (Bhandarkar et al, 2007) and helped to confirm the diagnosis in this case. **BJHM**

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Figure 1. Transverse section of computed tomography of the abdomen demonstrating a hypodense lesion in the porta hepatis region.



Figure 2. Laparoscopic view of the porta hepatis lymph node, showing lymphadenitis as a result of tuberculosis.



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