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= Abstract =

Tuberculous Intestinal Perforation Following Renal Transplantation.

Sang Su Lee, M.D., Sang Hyuck Seo, M.D., Ki Tae Lee, M.D., Sung Bae Park, M.D.
Hyun Chul Kim, M.D., Hyung Tae Kim, M.D.¹, Won Hyun Cho, M.D.¹
and Chaol Hee Park, M.D.²

Departments of Internal Medicine, ¹Surgery and ²Urology, Keimyung University
School of Medicine and Institute for Medical Science, Taegu, Korea

The risk of tuberculosis in renal transplant recipients may be related to immunosuppressive therapy, and it continues to complicate transplantation in the cyclosporine era. Extrapulmonary manifestation and dissemination also common clinical findings in the transplant recipients. Intestinal tuberculosis that develops with the involvement of other organs is common. We present a case of tuberculous intestinal perforation in the living-related donor renal transplant recipient. A 42-year-old male was admitted because of sudden onset acute abdomen. In April 1995, he received allograft kidney from HLA-identical sister following treatment with cyclosporine-A and low-dose steroids. Allograft function was stable over the next 36 months. About 3 years later, multiple cervical lymph node swelling was observed. Initial lymph node biopsy was performed, which showed granulomatous lesions with positive AFB stain. The patient was treated with antituberculous therapy regimen included isoniazid, ethambutol and rifampicin for a month. A ultrasonography and CT of the abdomen showed multiple adhesions in the peritoneum and enlargement of the mesenteric lymph nodes. A laparotomy finding was inflammatory thickening of the bowel wall in the terminal ileum with necrotic perforation. The involved terminal ileum was removed together with end-to-end anastomosis and peritoneal lavage was done. The patient was improved two weeks after surgical laparotomy.

Key Words: Tuberculous lymphadenitis, Renal transplantation, Intestinal tuberculosis

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mm³ 4.0 g/dL, 2.5 g/dL, 3.5 mg/dL, ALP 105 U/L, AST 67 U/L, ALT 11 U/L, BUN 77 mg/dL, Cr 6.7 mg/dL. PT 11.2, aPTT 30.6, 131 mEq/L, 5.8 mEq/L. 가 pH 7.286, 24.3 mmHg, 11.2 mmol/L FDP, Antithrombin III 14.6 mg/dL, (90%, 10%), pH 6.315, LDH 4849.2 U/L, AFB 1,200/mm³ 20%, 80%), 80,000/mm³ LDH 4906 U/L, pH 7.048, 2.7 g/dL, AFB, AFB-PCR (INH, ethambutol rifampicin). 가 1 (Fig. 1). CT 100/60 mmHg, 80 / , 22 / , 35.6°C . , 3 × 4 cm 가 , 3,400/mm³ 8.3 gm/dL, 24.4%, 127,000/

Fig. 1. CT scan of upper abdomen reveals slightly increased density fluid collection in the peritoneal cavity, and increased attenuation of mesentery and omentum.

Fig. 2. CT scan of neck reveals multiple variable sized nodular densities (arrows), central low densities with rim enhancement in nearly all visible neck space.

Fig. 3. A. This figure shows nodular aggregation of epithelioid cells surrounded by lymphocytes (H&E, $\times 400$). B. AFB stain for *M. tuberculosis* shows a acid-fast bacillus (H&E, $\times 1000$).

CT

25 cm

5 mm

treiz 30 cm 50 cm

가

cyclosporine

가 azathioprine

13

0.65 2.3% .67 가

22

2 × 3 cm, 3 × 4 cm

가

4.4 6.2% .89

1991

1.8%

.10)

가

15%

40 50%

.11,12 가 30% 가

.13,14

.3)

.15)

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cyclosporine-A

INH 가

.31)

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