LETTER

Endoscopic Ultrasound Guided Fine Needle Aspiration for Diagnosis of Pancreatic Tuberculosis

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Dear Sir:

We read with great interest the series of five cases of pancreatic tuberculosis diagnosed by endoscopic ultrasound guided fine needle aspiration (EUS-FNA) from an occidental country [1]. Pancreatic tuberculosis is very rare, even in endemic countries, and most commonly involves the head and uncinate process of the pancreas and its clinical and radiological findings often mimic pancreatic malignancy [2, 3, 4]. Endoscopic ultrasound (EUS) is an accurate diagnostic modality for diagnosis of pancreatic lesions including pancreatic tuberculosis and EUS-FNA provides an opportunity to diagnose and medically treat this disease which could otherwise result in a complex and unnecessary surgery [2, 3, 4].

We also had published our experience of 6 patients of isolated pancreatic head tuberculosis seen over a period of two years at a tertiary care center in North India and found that on EUS, it presents as a well defined hypoechoic mass lesion with none of the patients having any anechoic areas or calcification within the mass lesions [4]. We also found that whenever positron emission tomography (PET) is done in these patients, these lesions have been found to be flourodeoxyglucose (FDG) avid [4, 5].

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Moreover, EUS FNA established diagnosis in all the patients with granulomas being noted in 5 out of 6 (83.3%) patients. Acid fast bacilli were seen in only 1 out of 6 (16.7%) and culture for *Mycobacterium tuberculosis* was positive in 1 of 2 patients (50.0%) tested.

In conclusion, as none of the EUS features are distinctive for diagnosis of pancreatic tuberculosis, EUS FNA and tissue sampling for staining, cytology, culture and polymerase chain reaction assay is essential for establishing the diagnosis of pancreatic tuberculosis.

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References

1. Vafa H, Arvanitakis M, Matos C, Demetter P, Eisendrath P, Toussaint E, et al. Pancreatic tuberculosis diagnosed by EUS: one disease, many faces. JOP. J Pancreas (Online) 2013; 14:256-60. [PMID: 23669474]

2. Rana SS, Bhasin DK, Gupta N, Singh K. Pancreatic tuberculosis with common bile duct and pancreatic duct dilatation. Endoscopy 2011; 43 (Suppl 2):E282-3 [PMID: 21915827]

3. Rana SS, Bhasin DK, Rao C, Singh K. Isolated pancreatic tuberculosis mimicking focal pancreatitis and causing segmental portal hypertension. JOP. J Pancreas (Online) 2010; 11:393-5. [PMID: 20601818]

4. Rana SS, Bhasin DK, Srinivasan R, Sampath S, Mittal BR, Singh K. Distinctive endoscopic ultrasound features of isolated pancreatic tuberculosis and requirements for biliary stenting. Clin Gastroenterol Hepatol 2012; 10 323-5. [PMID: 22037426]

5. Santhosh S, Mittal BR, Bhasin D, Srinivasan R, Rana S, Das A, et al. Role of (18)F-fluorodeoxyglucose positron emission tomography/computed tomography in the characterization of pancreatic masses: experience from tropics. J Gastroenterol Hepatol 2013; 28:255-61. [PMID: 23278193]