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Perianal tuberculosis: An unusual clinical presentation

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Abstract
Tuberculosis is one of the most prevalent infections on India and other developing countries. Extrapulmonary manifestations of tuberculosis account for only 5% of the total cases and among them. Here we present a 28 year old female who is an albino without any significant past risk factors or medical history coming with an 4 X 1 cm linear fissure in the 6 o'clock position in the perianal region with multiple exophytic mass lesions at 3 o'clock and 10 o'clock positions which were tender, erythematous and firm arising from the anal skin. Biopsy from the anal skin showed numerous discrete epitheloid granulomas composed of epitheloid cells, histiocytes, Langhans and foreign body type of multinucleated giant cells admixed with lymphocytes and caseous necrosis. Tuberculosis of the alimentary canal make up only 1% of all cases of TB. Among them only 1% involve the anus. The pathogenesis of this type of tuberculosis requires additional research in the form of prospective studies.

Keywords: Tuberculosis, gastrointestinal, anal canal, extrapulmonary

Introduction
Tuberculosis is one of the most prevalent infections on India and other developing countries. One third of the world's population has been afflicted with this dreadful disease including many healthcare workers. There were ten million new cases worldwide every year with 1.5 million deaths.

Extrapulmonary manifestations of tuberculosis account for only 5% of the total cases and among them Perianal tuberculosis is a rare presentation. They are mostly associated with abdominal tuberculosis. The pathogenesis being the extension from the adjacent organ or spread via the lymphatics. Very rarely there is isolated anal localisation alone. Other postulated mechanisms include ingestion of bacilli in sputum or hematogenous spread from active pulmonary focus and reactivation later in adult life. Patients may present with fever, cough, perianal non healing wound with discharge.

These rare sites of tuberculosis are often associated with immunodeficient or immunosuppressed states and can also occur in the setting of secondary infection of a pre-existing anal lesion. The most common clinical manifestation being a fistula in ano. The other variables encountered include pilonidal sinus, anal ulceration with inguinal lymphadenopathy, anal stricture and perianal growth. Hence tuberculosis must always be included as a differential diagnosis when encountering such cases.

Case presentation
Here we present a 28 year old female who is an albino without any significant past risk factors or medical history coming with an 4 X 1 cm linear fissure in the 6 o'clock position in the perianal region with multiple exophytic mass lesions at 3 o'clock and 10 o'clock positions which were tender, erythematous and firm arising from the anal skin. The patient had increased sphincter tone and hence digital rectal examination and proctoscopy were done under regional anaesthesia. There were no other findings in the anal canal.

The exophytic mass was excised and sent for histopathology and the patient was evaluated with radiological imaging.

The specimen was sent for histopathology and showed skin lined by stratified squamous epithelium with sub epithelial strata showing numerous discrete epitheloid granulomas composed of epitheloid cells, histiocytes, Langhans and foreign body type of multinucleated giant cells admixed with lymphocytes and caseous necrosis.

The patient was started on antitubercular therapy after healing of the surgical site.

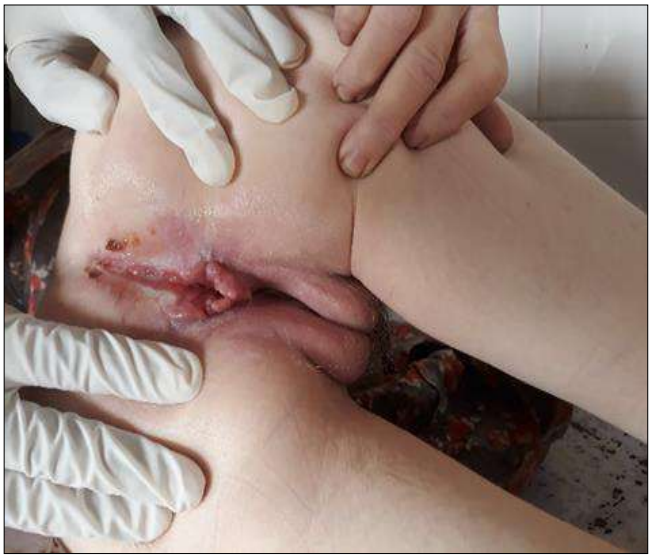

Fig 1: Image of the lesion

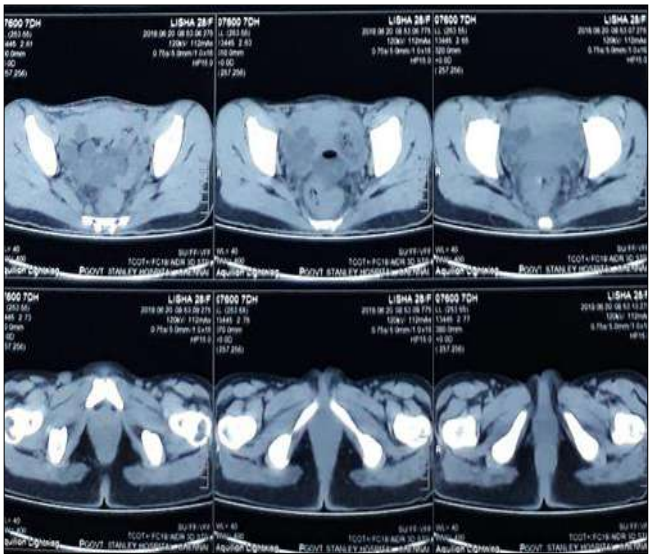

Fig 2: Contrast enhanced CT of the abdomen and pelvis

Discussion

Tuberculosis of the alimentary canal make up only 1% of all cases of TB. Among them only 1% involve the anus. The most commonly affected region being the ileocaecal region. Diagnosis of tuberculosis can be made by Mantoux test, detection of acid- fast bacilli in the discharge or tissue section from the biopsy taken. Histological examination of the excised growth is mandatory especially ridge biopsy. The typical picture shows epitheloid and giant cells with caseous necrosis but absence of this feature can present dilemma especially in cases of inflammatory bowel disease. Newer modalities for diagnosis include CBNAAT and Gene Xpert.

The differential diagnosis for perianal tuberculosis includes Crohn's disease, Lymphogranuloma venereum, actinomycosis, foreign bodies and neoplasm.

Anal tuberculosis requires strict antibiotic therapy in the form of conventional antitubercular treatment for a minimum duration of 6 months. There also appears to be a potentiation with immunodeficiency states especially in AIDS with studies showing high prevalence of 16-34 percent in HIV patients.

Conclusion

The patient had albinism and hence further evaluation for immunodeficiency syndromes like Chediak-Higashi need to be done. Tuberculosis of the anal canal is indeed a very unusual presentation in the absence of involvement of other sites in the human body. The pathogenesis of this type of tuberculosis requires additional research in the form of prospective studies.

Conflict of interest

The authors have no conflict of interest to declare.

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