

Clinical Image

Surgical management of splenic tuberculosis with pleural fistulation in a COVID-19 patient

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A 38-year-old woman with no past medical history presented to the emergency room with dyspnea, fever and upper left abdominal pain. His respiratory rate was 28 breaths/min and his oxygen saturation was 91% on room air, improving to 96% on 6L/min oxygen via a non-rebreathing mask. Reverse transcription (RT)-PCR analysis of COVID-19 was positive. Laboratory investigations were within normal limits. Chest and abdominal CT scan revealed a large solitary splenic lesion with a pleural effusion. The diagnosis of splenic abscess with consecutive pleural empyema was strongly suspected. Chest tube drain was inserted and brought back a gelatinous fluid. Emergency surgery was decided for both therapeutic and diagnostic purposes. Intraoperatively, a large granulomatous splenic lesion was found and was centered by caseous necrosis (Figure 1). Splenectomy was performed. The postoperative course was uneventful. Histopathological examination of the specimen supported the diagnosis of splenic tuberculosis. The patient is actually under anti-tuberculosis drugs.

Splenic tuberculosis is extremely rare and has no characteristic symptoms [1]. Therefore, diagnosis delays may be seen and can lead to fatal complications [2]. Both the coronavirus disease 2019 (COVID-19) and tuberculosis are transmitted through the respiratory route and affect the lungs [3]. Some studies suggest a link between the tuberculosis-COVID-19 coinfection and poor outcomes especially in immunosuppressed individuals [4–6].

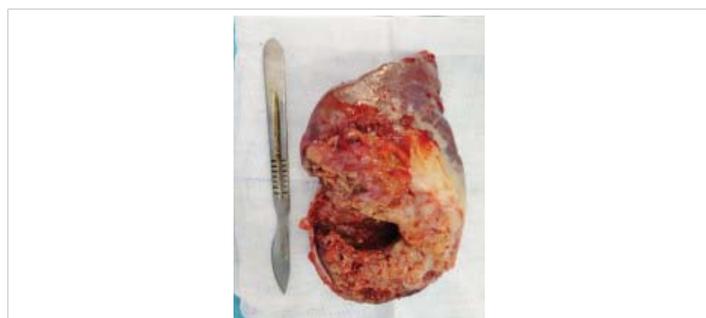


Figure 1: Splenectomy specimen showing granulomatous lesions with caseous necrosis.

More Information

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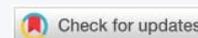
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