

Clinical Grand Round Case Presentation

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History

- Ms TZ, 32, ♀
- Admitted 11-Jun-2007
- 2/52 H(x) of epigastric pain
 - Not resolved with gastritis medication
- No Anorexia, No Weight Lost
- No Fever

- No Sexual Promiscuity
- No IVDU
- No previous blood transfusion

PMH(x)

- Incision and Drainage done at Posterior Triangle of Neck on Right side
 - ?Abscess Drained
 - 2003

O/E

- Cachexic (However she claims she is always thin)
 - Wt : 36kg (37.3kg in 2003)
- Pallor
- Vital signs stable, afebrile
- CVS : I + II + 0
- RS : ↓ Air Entry Left Upper Zone
- GI : Palpable mass Right Upper Quadrant
Tenderness in Right Lower Quadrant

I(x)

- Hb 10.1 g/dL
- MCV 69 fl
- WBC $13.6 \times 10^9/L$
 - Neutrophil 85%
 - Lymphocyte 5%
- Plt $778 \times 10^9/L$
- Renal and Liver Function Test – Normal
- USS Abdo
 - Right sided large intra-abdominal mass, most likely arising from the right ovary

Question - Differential Diagnosis

- A. Primary Ovarian Carcinoma
- B. Krukenberg tumour
- C. Gynae TB with right tubo-ovarian mass
- D. Melioidosis with intra-abdominal abscess

Progress

- Admit under the care of Obs + Gynae team
- What is the next step?

Question

- A. Tumour Markers
- B. Rpt USS Abdo
- C. CT Chest/Abdo/Pelvis
- D. Laparotomy

Progress

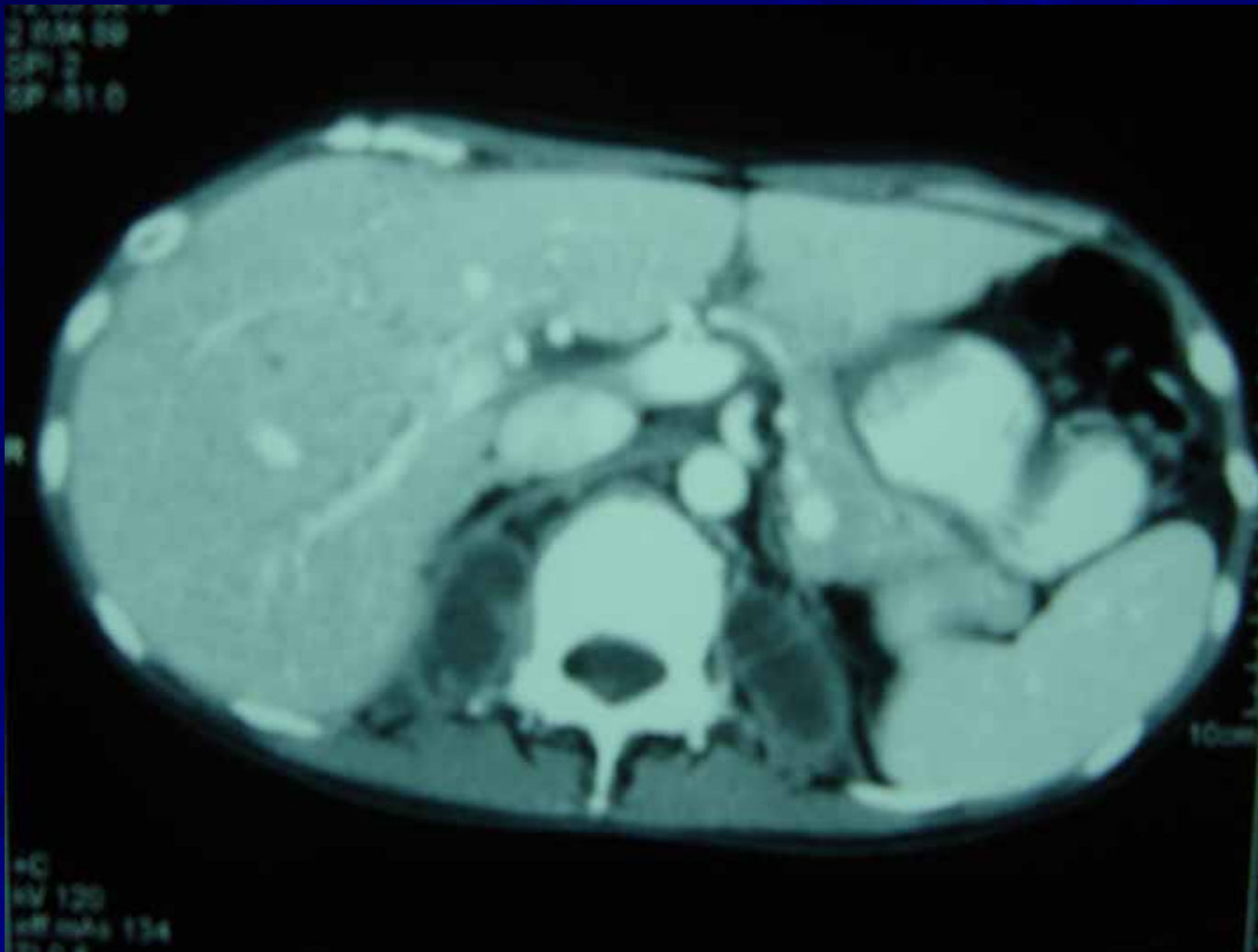
- Tumour Markers

 - AFP, CA125, CA19-9, HCG Normal

- CT Chest/Abdo/Pelvis

- KIV Laparotomy

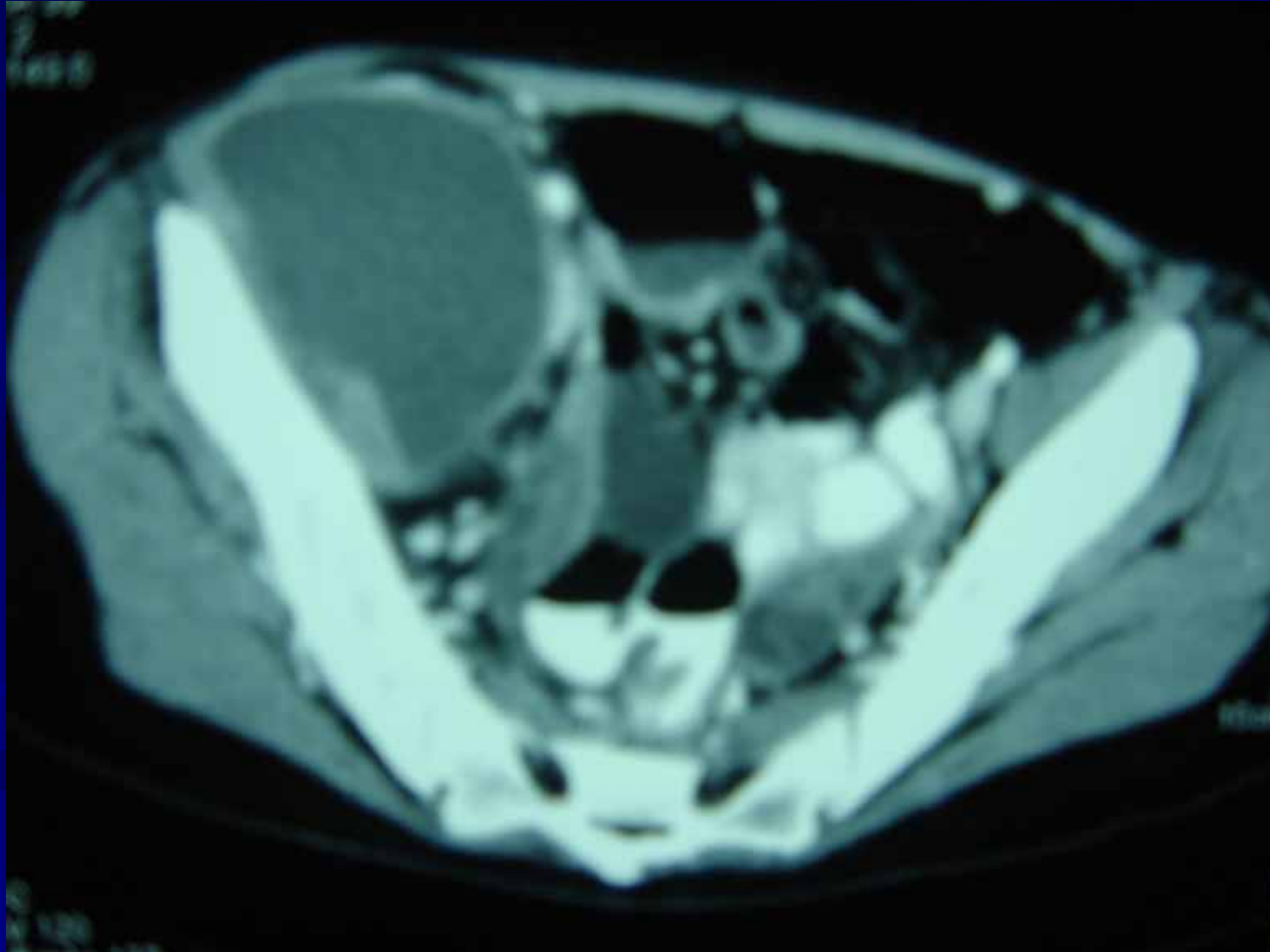
CT C/A/P



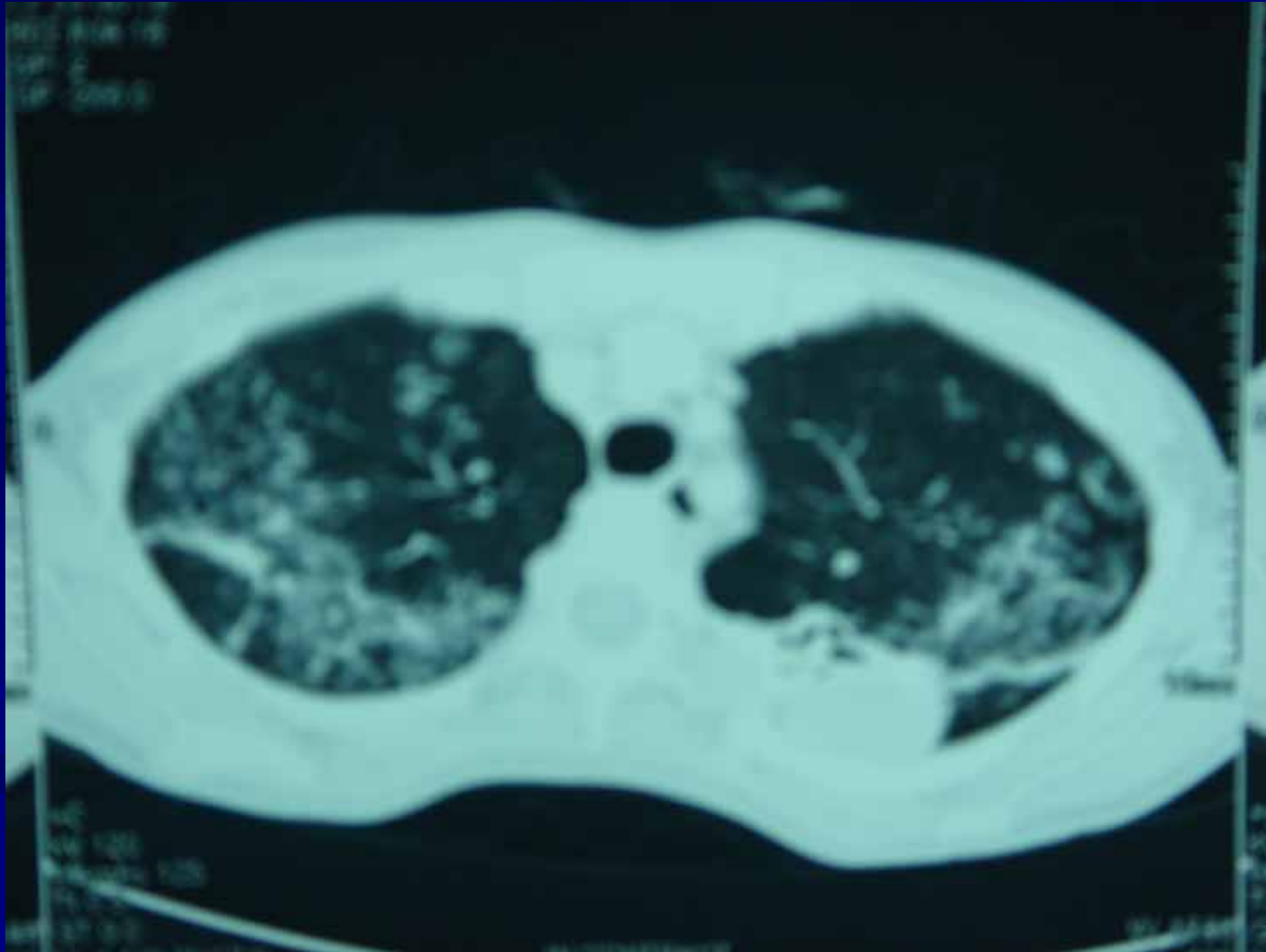
CT C/A/P



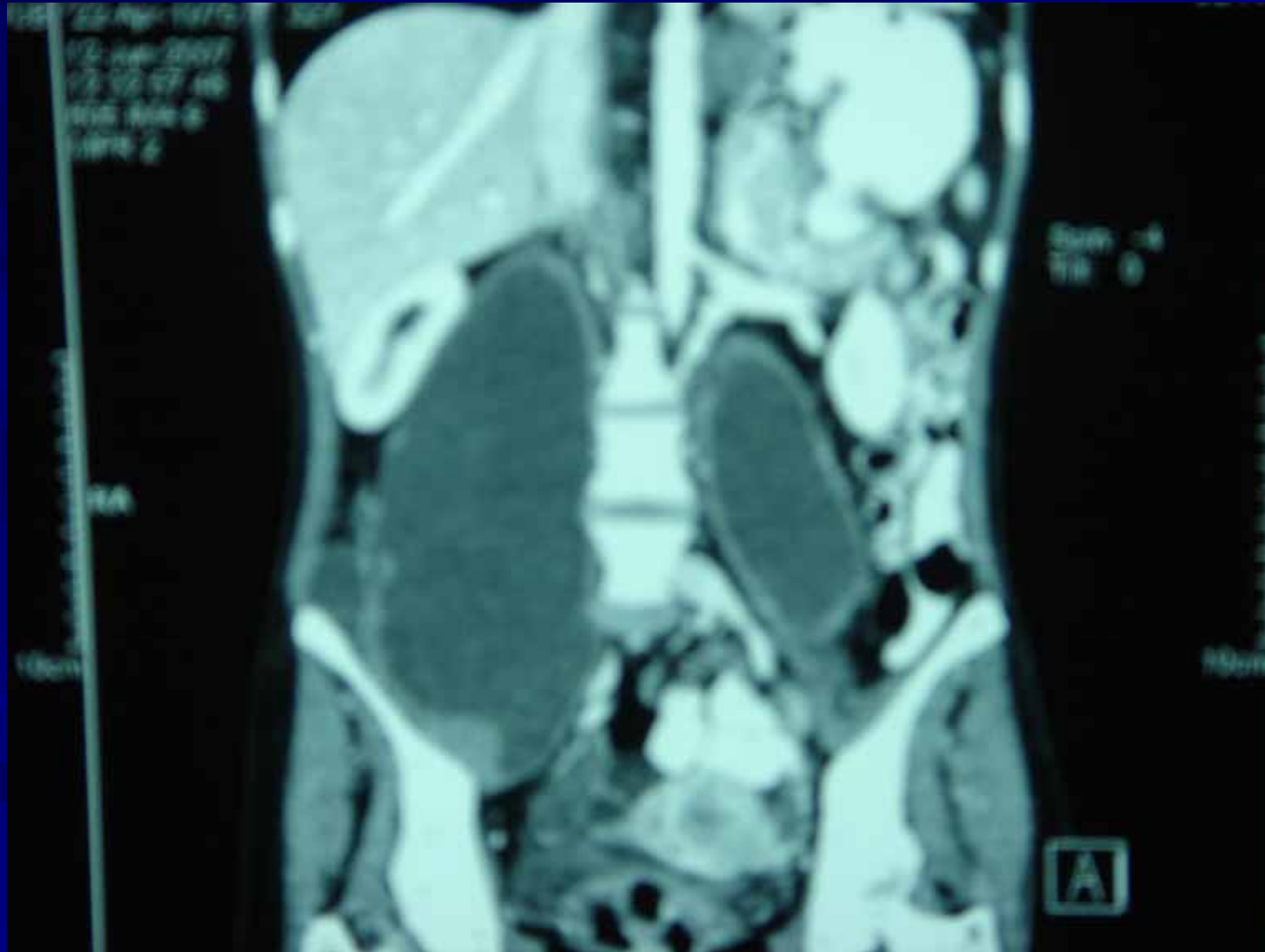
CT C/A/P



CT C/A/P



CT C/A/P



CT C/A/P



CT C/A/P



CT C/A/P Report

- Tree-in-bud appearances in the lungs with several small lung nodules
- Lytic lesion T12 and L1 with adjacent paravertebral collections
- Extensive bilateral iliopsoas abscesses, largest collection in the right 9.3*8.3*27.1cm
- Uterus and both ovaries are normal

Question - Differential Diagnosis

- A. Primary Ovarian Carcinoma
- B. Krukenberg tumour
- C. Gynae TB with right tubo-ovarian mass
- D. Melioidosis with intra-abdominal abscess

Progress

- Patient was transferred over under the care of respiratory team
- TB Exposure 9 years ago
 - Her course mate had Pulmonary TB, had meals together for a few times
- BCG Scar Present
- What do we do now?

Question

- A. USS-guided Diagnostic Aspiration of psoas abscess for AAFB examination
- B. USS-guided Pigtail Catheter Insertion for psoas abscess drainage
- C. Perform Bronchoscopy to collect lavagate for AAFB examination
- D. Mantoux test
- E. CXR

CXR



Progress

- Mantoux - 0mm
- Bilateral insertion of pigtail catheter to drain psoas abscess on 15-Jun-2007
 - Removed 26-Jun-2007
 - Total Drainage
 - Right 1000ml
 - Left 300ml
- Specimen sent for
 - AAFB Direct Smear
 - Mycobacterium Culture and Sensitivity

Progress

- AAFB smear +ve
- Rpt CT 26-Jun-2007
 - Psoas Abscess Collection remarkably ↓
- Discharged on 26-Jun-2007

CT C/A/P



Progress

- 13-Jun-2007, Started on

– Isoniazid	200mg	OD
– Rifampicin	300mg	OD
– Ethambutol	800mg	OD
– Pyrazinamide	1000mg	OD
– Pyridoxine	20mg	OD

- Also started on Prednisolone 40mg, tapering down to 0 over 1 month

Progress

LFT	13-Jun-07	20-Jun-07
Protein	73	74
Albumin	27	29
Bilirubin	8	7
ALP	91	101
ALT	31	130
AST	28	162
GGT	38	118

Question – Action?

- A. Stop anti-TB
- B. Change to Liver-sparing anti-TB (Ethambutol, Levofloxacin, Streptomycin)
- C. Adjust dosage of current regime
- D. Maintain same dose
~ Hope LFT will settle down on its own

■ Our action

- ↓ Pyrazinamide to 750mg OD
(27.77mg/kg → 20.83mg/kg)

Progress

LFT	13-Jun-07	20-Jun-07	25-Jun-07
Protein	73	74	62
Albumin	27	29	26
Bilirubin	8	7	4
ALP	91	101	81
ALT	31	130	80
AST	28	162	36
GGT	38	118	119

Review Old Notes

- Jul 2002 (RUKA then Surgical Clinic)
 - Superficial abscess posterior triangle of neck on right side
 - Measuring 3 * 2cm
 - Diagnostic Aspiration revealed pus
 - C+S –ve
 - Treated with cloxacillin

Review Old Notes

- Multiple visit to RUKA Clinic
- Jun 2006
 - Headache
 - Reassurance given and prescribed pain relief
- Jul 2006
 - Rash and itchiness on her back and lower limb
 - (Can't read the rest of handwriting)
- Aug 2006
 - Back pain, dysmenorrhoea
 - Prescribed NSAIDs

Review Old Notes

- Sept 2006
 - Bodyache and back pain
 - Prescribed aqueous cream + something else
- Oct 2006
 - Left Backache
 - Prescribed NSAIDs
- ?
 - Bilateral leg pain
 - Prescribed Calcium, Vit B Co, Tramadol
- Jun 2007
 - Led to recent admission

Follow up

■ 11-Jul-2007

- Doing well
- Claimed good compliace
- No S/E from anti-TB medication
- Wt : 35.2kg
- Mycobacterium C+S awaited
- HIV, Hep B, Hep C -ve

Question – Future Management

- A. Treat with 6 months of anti-TB
- B. Treat with 9 months of anti-TB
- C. Treat for at least 12 months of anti-TB

The End...

Thank you for your attention