



# Primary Liver Tuberculosis Mimicking Malignancy

## Maligniteyi Taklit Eden Primer Karaciğer Tüberkülozu

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A 58-year-old female patient, a housewife residing in the district under normal living conditions, presented with complaints of weakness, loss of appetite, night sweats, back pain, and approximately 10 kg weight loss over the past two months. Physical examination revealed hepatomegaly. Laboratory findings revealed an erythrocyte sedimentation rate of 55 mm/h and C-reactive protein of 68 mg/L. Hepatitis markers, anti-human immunodeficiency virus, *Echinococcus* IgG, and tumor markers were all negative.

Liver magnetic resonance imaging (MRI) revealed the appearance suggestive of malignant liver lesions, particularly cholangiocellular carcinoma, prompting a recommendation for histopathological evaluation to aid in differential diagnosis (Figure 1a, b, c). An imaging-guided biopsy was performed on the

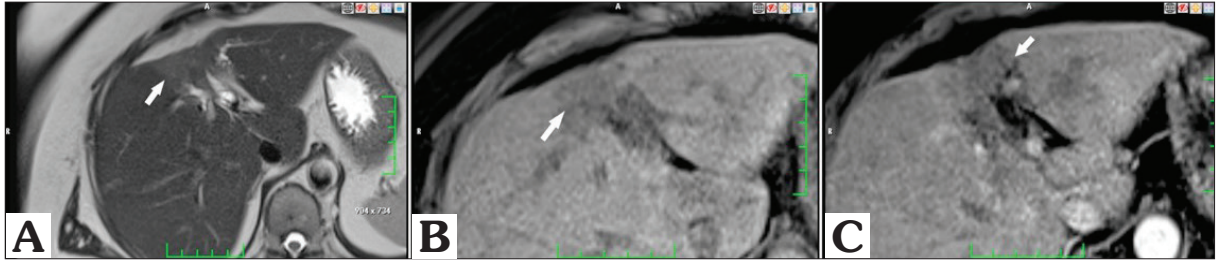
liver mass lesion. The liver biopsy reported a granulomatous structure with significant central necrosis. Since tuberculosis was not initially suspected, a tuberculosis culture was not performed. However, the QuantiFERON test was positive, lung tomography was normal, and acid-fast bacilli in sputum were negative. Antituberculosis treatment was initiated following the diagnosis of hepatic tuberculosis. MRI performed in the sixth month of treatment showed a reduction in the size and contrast enhancement of the hepatic lesion, with imaging findings indicative of regression (Figure 2a, b, c). Tuberculosis (TB) remains a global public health concern. Isolated hepatic TB is rare and can present with radiological features that mimic tumors, hemangiomas, abscesses, or other hepatic lesions<sup>[1,2]</sup>. Histopathological examination



**Figure 1.** Pretreatment MRI scan. (A) The axial T2-weighted image without fat suppression shows an irregular hyperintense signal (arrow) in the pericapsular region of segment five. (B) The axial T1-weighted image shows an irregular hypointense signal (arrow) in the pericapsular region of segment five. (C) The contrast-enhanced axial T1-weighted image shows a peripheral enhancement pattern (arrow).

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**Figure 2.** Posttreatment MRI scan. (A) The axial T2-weighted image without fat suppression shows a decreased irregular hyperintense signal (arrow). (B) The axial T1-weighted image shows a decreased irregular hypointense signal (arrow). (C) The contrast-enhanced axial T1-weighted image shows hypovascularity and disappearance of peripheral enhancement (arrow).

is essential for definitive a diagnosis<sup>[3]</sup>. TB should always be considered in the differential diagnosis of hepatic lesions, particularly in endemic regions.

#### CONFLICT of INTEREST

The authors have no conflicts of interest to declare that are relevant to the content of this article.

#### AUTHORSHIP CONTRIBUTIONS

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