■ Sun-027 ■

A case of small bowel cancer initially misdiagnosed as tuberculous lymphadenitis

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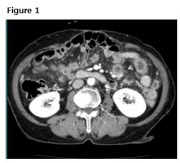
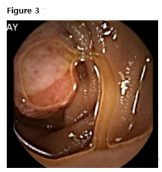
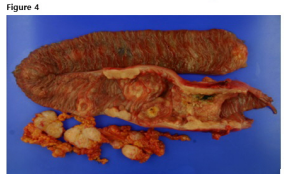
Introduction: Tumors in the small bowel are very rare and only account for 3-6% of tumors in the digestive tract, of which less than 2% are diagnosed as malignant. Small bowel cancer is challenging to diagnose, often presents at late stage and has a poor prognosis. We report a case of small bowel cancer which regarded initially as tuberculosis lymphadenitis. **Case:** A 72-year-old woman complained of abdominal pain and worsening incisional hernia. She had the history of small bowel perforation due to tuberculous enteritis accompanied by tuberculous peritonitis and tuberculous cervical lymphadenitis at 20 years ago. Abdomino-pelvis CT scan showed multiple nodular lymphadenitis with central low-attenuation within the peritoneum (Fig.1). Laboratory exams on admission revealed normal value except slightly elevation of ESR. Tumor markers were also normal such as CEA of 1.3 ng/ml, CA125 of 8.0 U/ml and CA19-9 of 41.9 U/ml. There was no specific finding for tuberculous enterocolitis in colonoscopic examination. Tuberculin skin test was positive, however, Interferon-gamma release assay was negative. Based on the patient's history of extra-pulmonary tuberculosis and relatively typical findings of abdomino-pelvis CT scan, the presumptive diagnosis of tuberculous lymphadenitis was made and anti-tuberculous treatment was tried. However, the symptoms were persisted and there was no improvement in follow-up CT scan after four weeks (Fig.2). We considered the possibility of a paradoxical reaction but could not rule out malignancy and proceeded with capsule endoscopy (Fig.3). A fungating mass with an ulceration was observed, causing the narrowing of small bowel and leading to capsule retention. Diagnostic laparotomy was performed and revealed the jejunal mass with multiple metastatic lymphadenitis. (Fig.4). Segmental resection for jejunal mass was performed and primary adenocarcinoma was diagnosed. The patient is currently preparing for chemotherapy. **Conclusion:** We report a rare case of small bowel cancer diagnosed in a patient with a history of abdominal tuberculosis. The low incidence of small bowel cancer and the history of abdominal tuberculosis made it difficult to diagnose.







■ Sun-028 ■

Inflammatory myofibroblastic tumor on terminal ileum

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The Inflammatory myofibroblastic tumor (IMT) is a heterogeneous group of rare lesions consisting predominantly of inflammatory cells and myofibroblastic spindle cells. The overall prevalence of IMT is 0.04–0.7%. lungs being the most commonly affected regions. IMT presentation in the terminal ileumis is very rare and hasn't reported before. In this article, we report a case of IMT that presented on the terminal ileum. EUS(endoscopic ultrasonography) guided submucosal dissection was taken. and Based on the immunohistochemical staining findings. diagnosis of IMT was confirmed. clinically Follow-up showed satisfactory healing and no signs of recurrence . A special emphasis has placed on the intestine of this lesion and the latest therapeutic modalities.
Keywords: terminal ileum. Inflammatory, Myofibroblast, neoplastic.