

Correspondence

Tuberculosis peritonitis—A surgical illness?

We read the report by Wu and colleagues [1], entitled “Disseminated peritoneal tuberculosis simulating advance ovarian cancer: A retrospective study of 17 cases” with interest. The authors retrospectively reviewed 17 patients with disseminated peritoneal tuberculosis (TB) and all of them were diagnosed with advanced ovarian cancer preoperatively [1]. The authors concluded that laparoscopy or a minilaparotomy to obtain tissue samples for frozen-section analysis may be the most direct and least invasive approach for diagnosis, thus avoiding unnecessary extended surgery in these patients [1].

We really sympathized with the authors because they suggested that operations, even the use of minimally invasive procedures including laparoscopy or ultra-minilaparotomy [2–4], might be the best approach to make an accurate diagnosis. In fact, the lung might be the most common site of TB infection; therefore, a patient’s lungs and their family history should be evaluated first. In our experience and based on a literature report [5], patients with TB peritonitis are often easy-looking (apparently asymptomatic), and many of them also have low-grade fever. These conditions are rarely seen in patients with malignancy [6].

Finally, we do not argue the concept that the pathological diagnosis is a gold standard for the diagnosis of TB infection, but we question how many cases of TB peritonitis were diagnosed in the authors’ institute during the same study period. The number of cases of TB peritonitis might be much more than the authors report.

References

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