

POLYMERASE CHAIN REACTION BASED DIAGNOSIS OF PRIMARY GASTRIC TUBERCULOSIS IN AN 80-YEAR-OLD WOMAN: A CASE REPORT

Orhan Baylan¹, Guldem Kilciler², Ali Albay¹, Ahmet Tuzun², Ozgul Kisa¹, Kemal Dagalp²

¹Department of Microbiology and Clinical Microbiology, ²Department of Gastroenterology, Gulhane Military Medical Academy School of Medicine, Ankara, Turkey

We report a case of an 80-year-old woman with primary gastric tuberculosis (PGT). The patient had the symptoms of weight loss, anorexia, dyspepsia, and regurgitation continuing for the last two months. The diagnosis could not be established with the history, physical examination and biochemical analyses of the patient. It was seen 5 mm. nodular lesions that was swollen the mucosal layer of prepyloric area at the upper gastrointestinal endoscopy. It was detected that there were two granulomatous lesions in the pathological examination of biopsy specimen. Ehrlich Ziehl-Neelsen staining of the biopsy material was negative for acid-fast bacilli (AFB), and cultures of the biopsy material by conventional and radiometric methods were negative. *Mycobacterium tuberculosis* complex (MTC) DNA was detected in the biopsy specimen by polymerase chain reaction (PCR). No focus of tuberculosis was detected in another systems. The suspected clinical diagnosis of PGT was supported by positive PCR assay and histopathological findings despite the negative AFB and culture results. At the follow up oesophagogastroscopy after antituberculosis treatment, nodular lesions were not detected. The diagnosis of PGT was confirmed definitively by the treatment success and repeat endoscopic examination. In our case, it was shown that PCR was a reliable and rapid method for establishing or supporting the diagnosis of PGT, and that it can be used in the routine diagnostic algorithm when conventional methods fail to identify MTC.