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| **A case report of tuberculosis with oesophageal perforation and mediastinitis** |
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| **Introduction/Aim:** Oesophageal perforation with mediastinitis is a rare presentation of Mycobacterium tuberculosis (MTB). We report a case of a 32-year-old male who presented to a rural Australian hospital with chest pain, weight loss, anorexia and fevers which developed over months. There was notable absence of emesis preceding the chest pain. He emigrated from the Solomon Islands to work in agriculture and was not screened for tuberculosis infection upon emigration.  **Methods:** Case Report  **Results:** CT demonstrated pneumomediastinum with perforation of oesophagus, multiple enlarged mediastinal, axillary and para-aortic lymph nodes, non-cavitating pulmonary nodules and lytic bone lesions in almost every vertebral body. Fluoroscopy with gastrografin swallow confirmed a right posterolateral perforation. Axillary lymph node biopsy was MTB PCR positive. Endoscopy confirmed oesophageal perforation; mucosal biopsies were MTB PCR positive. Resistance genes were not identified with Xpert MTB/RIF and line probe assay. The patient was made nil by mouth and a nasogastric tube was inserted under radiological guidance. Endoscopy allowed placement of an oesophageal stent with double pigtail catheter for drainage of the mediastinum. The patient was managed on a combination of empiric piperacillin-tazobactam and fluconazole and directed MTB therapy. Adjunct prednisolone 25mg and proton-pump inhibitor were commenced. He was discharged to the ongoing care of the local tuberculosis unit.  **Conclusion:** Across the literature there are only two similar case reports one with favourable and one with fatal outcomes1, 2. As a rare presentation it is important to understand the multidisciplinary management principles of protective oesophageal stenting and early introduction of tuberculosis therapy.  **Grant Support:** Nil  **References:**  1.Ayazi, K. et al. International journal of surgery case reports. 2021;78:197-200.  2.Chiong, C. et al. ANZ journal of surgery. 2020;90(1-2):181-2. |
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