PRIMARY MALIGNANT MESOTHELIOMA MIMICKING TUBERCULOUS PERITONITIS

INTRODUCTION

Malignant peritoneal mesothelioma (MPM) is a rare cancer of the peritoneal mesothelial cells, often linked to asbestos exposure.
It can closely mimic conditions like peritoneal carcinomatosis and tuberculous peritonitis.[2B]

CASE PRESENTATION

A 63-year-old male with a 20-year history of asbestos exposure presented with abdominal distention, pain, and weight loss, suspected for tuberculosis
Ultrasound showed omental masses with diffuse thickening, nodularity, and ascites.
After six weeks of anti-tuberculous therapy without improvement, he was referred to our hospital for further evaluation.

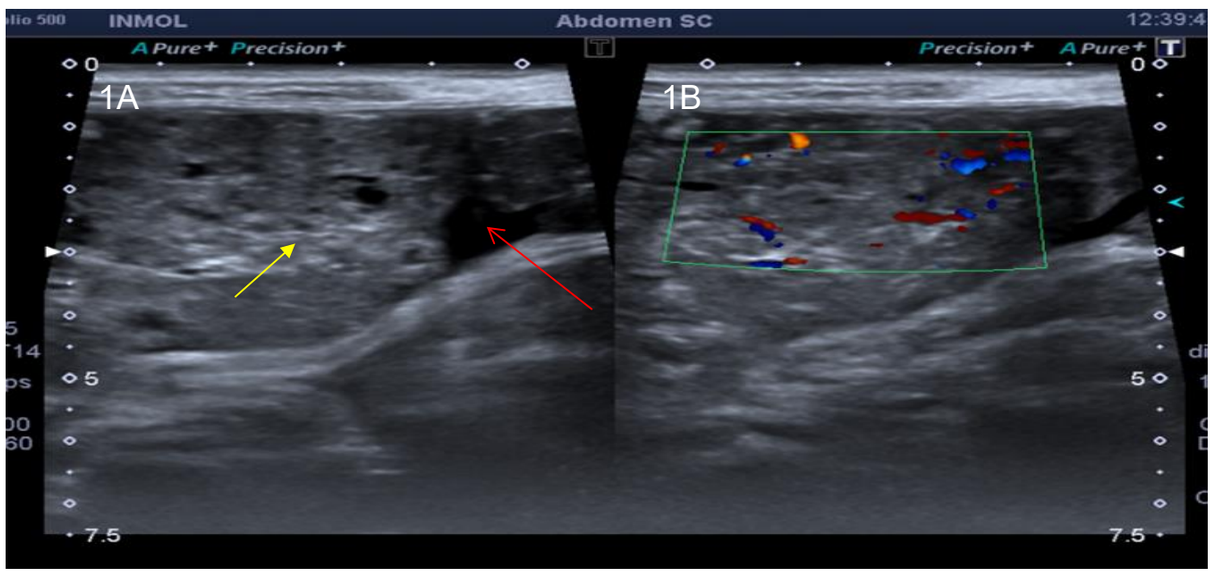

FIGURE-1 ULTRASOUND ABDOMEN IMAGES
FIG 1A; Grey scale image of abdomen showing omental masses (yellow arrow) and mild abdominal ascites (red arrow)
FIG 1B; Doppler ultrasound image of omental masses showing increased vascularity

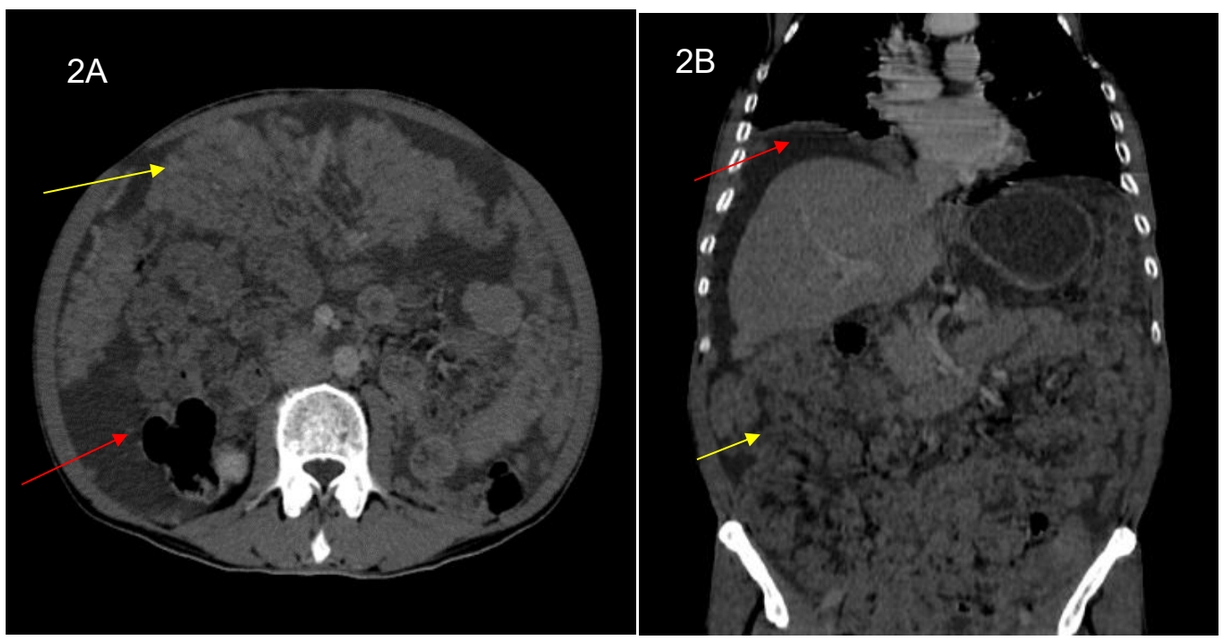

FIGURE 2 CONTRAST ENHANCED CT ABDOMEN
2A-Axial and 2B- Coronal contrast enhanced CT image of abdomen shows omental masses and omental caking (annotated by yellow arrows) and mild ascites (annotated by red arrows)

FIGURE 3: CONTRAST ENHANCED AXIAL CT image of chest showing mild right sided pleural effusion and pleural thickening.

TREATMENT

Patient was referred to oncology department for chemotherapy. Subsequent CT scan shows radiologically stable disease.

IMAGING AND HISTOPATHOLOGY

CT of the chest, abdomen, and pelvis showed omental masses, omental caking, mild ascites, and right-sided pleural effusion with nodularity.
Peritoneal fluid analysis confirmed atypical mesothelial cells.
Omental biopsy revealed atypical mesothelial cells of the epithelioid type, consistent with mesothelioma.

CONCLUSION

CT findings in malignant peritoneal mesothelioma typically show diffuse peritoneal involvement with nodular thickening and ascites. Clinicians should suspect MPM when imaging reveals widespread abdominal disease, especially with relevant occupational exposure. The disease is aggressive and infiltrative, with a poor prognosis and median survival of only 6–12 months without treatment, emphasizing the importance of early diagnosis and prompt management..

REFERENCES

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