Diffuse-calcified Spleen: Post-tubercular Squeal of Isolated Splenic Tuberculosis in Immune-competent Host

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A 55-year-old male presented to the outpatient department of our institution for evaluation of dyspnea. History revealed the patient was a chronic smoker, normotensive, nondiabetic, nonreactive for HIV, hepatitis B, A, and C by ELISA, and without any comorbid association. The patient was diagnosed as a case of chronic obstructive pulmonary disease (COPD) and managed accordingly, chest X-ray revealed COPD changes and multiple calcified lesions in the left upper quadrant of the abdomen (Fig. 1) and the X-ray abdomen showed isolated calcification of the spleen (Fig. 2). Detailed clinical examination and investigations did not reveal any active infection. History was revisited which revealed that the patient had taken antitubercular treatment for abdominal tuberculosis (splenic), records are not available. Contrast-enhanced computed tomography (CECT) abdomen revealed isolated multiple calcified lesions of the spleen (Fig. 3), axial section, and coronal section of CECT abdomen showing the diffuse-calcified spleen (Fig. 4).

Diffuse-calcified spleen is associated with various granulomatous diseases including infections. Isolated splenic tuberculosis, as such being rare, is pathomorphologically described in five subtypes, miliary tuberculosis, nodular, abscess, calcified, and mixed. Various diagnostic modalities include ultrasonography, computed tomography scan, needle biopsy, laparoscopic biopsy, and searching for primary disease in other organs of the body.

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