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**Background:** The peritoneum is one of the most common extra-pulmonary sites of tuberculous infection. Peritoneal tuberculosis remains a significant problem in parts of the world where tuberculosis is prevalent. Tuberculous peritonitis is a rare condition especially in the post-partum era. We report a case of postpartum tuberculous peritonitis mimicking a malignant tumor.

**Methods & Materials:** We report a case of postpartum tuberculous peritonitis mimicking a malignant tumor. 26 year old lady who had a cesarean section 50 days ago presented with ascites and elevated serum CA125 (420 U/ml). In her past story she had another sectio-cesarean 13 months ago and her son was healthy. She had mild anemia with hemoglobin 11 gr/ml with moderately high wbc count. (11300/mm3) Her blood biochemical profile was normal. The viral hepatitis and the HIV profile was negative. Ascitic fluid for pathological examination revealed tuberculosis lymphadenitis with marked caseification necrosis. The case was thought to be tuberculosis peritonitis mimicking a malignant tumor.

**Results:** Ascites fluid adenosine deaminase levels were markedly high. (65 IU/ml) The cervical conglomerated lymph nodes were taken out for pathological examination. Pathologic examination revealed tuberculosis lymphadenitis with marked caseification necrosis. The ovaries were normal in CT findings. The ascites fluid had marked lymphocytes and some foreign body particules which was thought to be the suture material resolving after the cesarean operation.

**Conclusion:** Following treatment using the 4-drug antituberculosis regimen of isoniasid, rifampicin, ethambutol and pyrazinamide; the patient recovered with disappearance of ascites and the CA125 serum level returned to the normal range after six months.

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