

# Concurrent tuberculous lymphadenitis and monomorphic epitheliotropic intestinal T cell lymphoma

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**Background:** Mycobacterium tuberculosis infection and lymphoma may share similar clinical and radiological manifestations. Thus, the presence of tuberculosis infection may lead to difficulties in diagnosis of lymphoma, when they exist concomitantly. Here, we report a case of monomorphic epitheliotropic intestinal T-cell lymphoma (MEITL), a rare peripheral T-cell lymphoma, with concurrent tuberculous lymphadenitis. **Case:** A 61-year-old female with lymphocytic colitis was admitted to our hospital for administration of vedolizumab, after unsuccessful treatment with corticosteroid and other TNF- $\alpha$  blockers. She had received treatment for latent tuberculosis 2 years before. Although she did not have any respiratory symptoms, routine chest radiography and subsequent chest computed tomography scan on admission demonstrated multifocal nodular consolidation with mediastinal and hilar lymph node enlargement. (Figures 1 and 2) Bronchoalveolar lavage and endobronchial ultrasound-guided transbronchial needle aspiration for left interlobar lymph node were performed. Bronchoalveolar lavage fluid was negative for AFB smear, M. tuberculosis PCR, or malignant cells. However, chronic granulomatous inflammation was confirmed on the lymph node specimen with positive tissue-nested PCR for M. tuberculosis. In addition, M. tuberculosis was detected on aspiration fluid of the lymph node by PCR. Isoniazid, rifampicin, ethambutol, and pyrazinamide were initiated upon diagnosis of pulmonary tuberculosis and tuberculous lymphadenitis. However, the patient's clinical condition worsened with progression of pulmonary consolidation despite one week of treatment. Additional test of transbronchial lung biopsy at left lower lobe was done. Lung biopsy showed atypical monomorphic lymphocytes confirming the diagnosis of MEITL. Despite of chemotherapy, patient died due to rapid progression of lymphoma. **Discussion:** In our case, the confirmation of tuberculosis resulted in the suspension of further investigation delaying the diagnosis of lymphoma. However, the potential for tuberculosis to coexist with other diseases such as lymphoma, which may share similar characteristics, should be acknowledged

