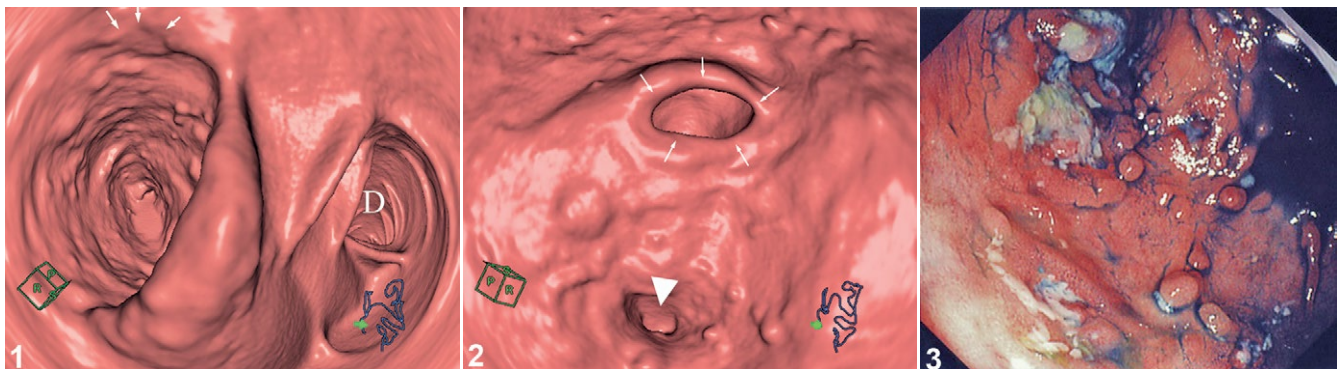


# Computed Tomographic Colonography Findings in Ileocecal Tuberculosis

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A 37-year-old woman presented with anemia and positive fecal immunochemical screening results. Colorectal examination was performed by computed tomographic colonography (CTC). Endoluminal imaging with a super-wide viewing angle showed superficially ulcerated cecal mucosa (Fig. 1, arrows) with scattered small nodules. Lesions were distributed in the ileocecum and the proximal ascending colon; the distal side was normal (Fig. 1, D). The patulous ileocecal valve (Fig. 2, arrows) was located near the appendiceal orifice (Fig. 2, arrow head). Axial images showed the cecal wall was irregularly thickened. In addition, enlarged lymph nodes were observed scattered throughout the mesentery. Intestinal tuberculosis was suspected based on the CTC findings. Subsequent colonoscopy revealed scattered pseudopolyps and map-like ulcers in the cecum (Fig. 3). Cecal biopsies showed severe inflammation. The chest CT scan showed active pulmonary tuberculosis. Polymerase chain reaction (PCR) investigation of the biopsies was positive for *Mycobacterium tuberculosis*. The patient was diagnosed with ileocecal and lung tuberculosis, and was treated with isoniazid, rifampicin, pyrazinamide, and levofloxacin. Surveillance colonoscopy revealed a dramatic response to anti-tuberculosis treatment.

An imaging diagnosis of intestinal tuberculosis is usually based on abdominal CT, barium enema, or ultrasound imaging [1, 2]. Recently, CT enterography has been reported to be useful for the differential diagnosis between intestinal tuberculosis and Crohn's disease [3, 4]. Focal ileocecal lesions, a patulous ileocecal valve, and pseudopolyps are important features distinguishing intestinal tuberculosis from Crohn's disease. CT enterography and CTC can evaluate both mucosal and

extracolonic abnormalities. Although CTC cannot evaluate lesions in the small intestine, it is performed more easily and with less discomfort than CT enterography. Kim et al. reported the usefulness of CTC for diagnosing ileocecal tuberculosis [5].

In conclusion, CTC is well tolerated and is a good imaging modality for the evaluation of ileocecal tuberculosis.

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**Conflicts of interest:** None to declare.

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