

# SEXUAL INTESTINAL TUBERCULOSIS

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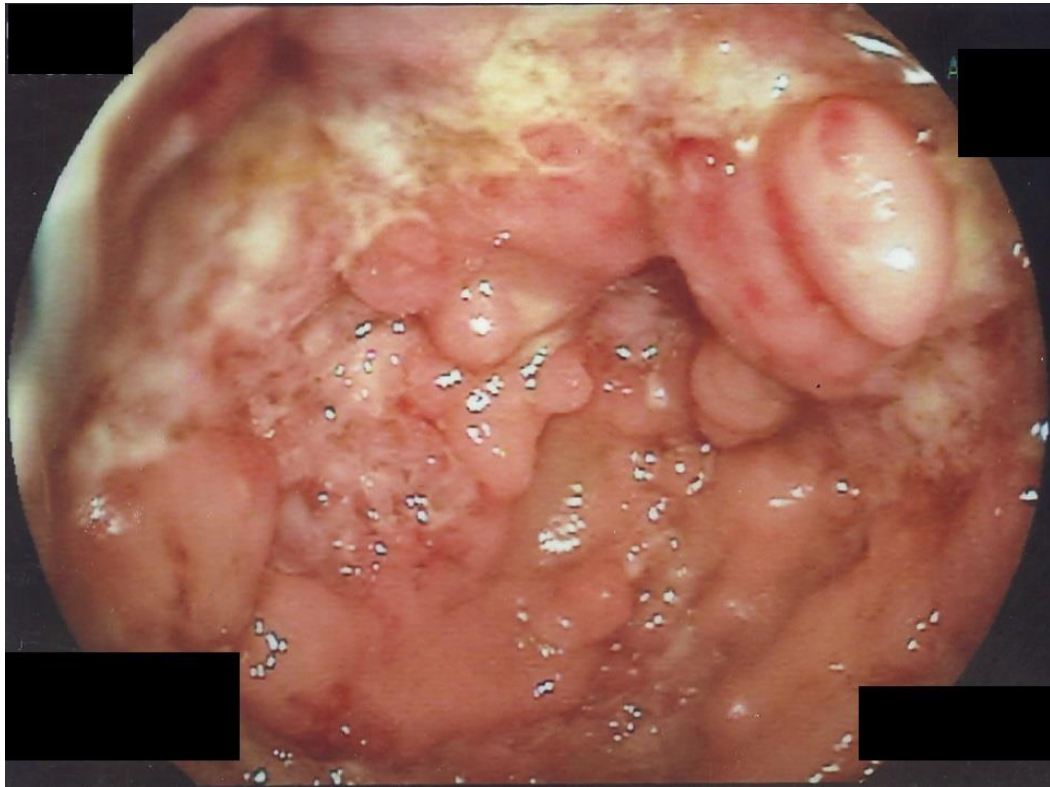
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A 30-year-old fisherman presented with insidious diarrhea with mucus for 9 months and weight loss of 13 kg over 6 months, with evolution to daily diarrhea over the last 3 months, abdominal pain, fever and night sweats, without coughing or expectoration. His serologies for HCV, HIV and syphilis were negative, with normal hemogram and leukogram. Echography showed small intestine and right colon edema and multiple atypical mesenteric lymph nodes. LDH 169; PCR 96.92; VHS 90; PPD negative. Chest radiography revealed opacities with imprecise, confluent limits, diffusely occupying both lungs (Figure A).



**Figure A:** Chest radiography revealed opacities with imprecise, confluent limits, diffusely occupying both lungs.

Colonoscopy revealed multiple, ulcerated, irregular, deep, fibrin-coated and confluent lesions throughout the colon (Figure B). Biopsy revealed a chronic inflammatory process with foci of necrosis, multinucleated giant cells and rare alcohol-acid resistant bacilli in the colonic mucosa, compatible with mycobacteriosis. He was treated with rifampicin, ethambutol, isoniazid and pyrazinamide for 6 months, with complete clinical and colonoscopic improvement.



**Figure B:** Colonoscopy revealed multiple, ulcerated, irregular, deep, fibrin-coated and confluent lesions throughout the colon.