Primary Tuberculosis of the Spleen

BY

W. B. McGOWAN

Government Medical Officer, Filabusi.

Tuberculosis disease of the spleen occurs commonly as part of a generalised miliary spread, but so-called primary tuberculosis of the spleen, in which the spleen alone is attacked, is also a recognised, though uncommon, condition.

No report of cases of primary tuberculosis of the spleen occurring in the Rhodesian African has been published in the *Central African Journal of Medicine*. Dr. W. Fraser Ross, Medical Superintendent, Mpilo Central Hospital, Bulawayo, who kindly arranged a search of the hospital records for me, states that no such case has been treated at Mpilo hospital during the five years that the hospital has been operating It is therefore considered worth while briefly to record two personal cases.

SYMPTOMS AND SIGNS

The patient is usually in the third or fourth decade of life (Aird, 1949) and complains of malaise, loss of weight, and pain in the left subcostal and splenic regions. The pain may be constant or may vary with respiration or the taking of food.

On examination, the patient is thin and ill-looking. The spleen is considerably enlarged (in both my cases some four fingers below the costal margin), irregular and tender. Large nodules may be felt in the spleen. The erythrocyte sedimentation rate is usually raised and the patient is usually anaemic. X-ray of the chest is negative, but X-ray of the splenic region may show calcified areas (Shands, 1933) which are present in some 70 per cent. of cases (Winternitz, 1912).

Winternitz, reporting on 51 cases in the literature, states that glandular involvement was found in most of the cases. The portal of entry is therefore presumably via the alimentary tract.

Shands found a further 30 cases in the literature and reported three cases of his own. He states that the symptoms and signs outlined above, together with X-ray evidence of calcification in the splenic region, permitted a confident pre-operative diagnosis to be made. I have, however, recently had a case in which such a confident diagnosis was made, the symptoms and signs being typical of a case of primary tuberculosis, but the histological report was that of lymphosarcoma.

TREATMENT

The treatment is splenectomy under cover of chemotherapy, and a full course of chemotherapy should then be given. The operation is technically difficult due to the dense adhesion of the spleen to the diaphragm and surrounding organs.

GROSS PATHOLOGY

The spleen is considerably enlarged and contains multiple large caseous nodules, some of which may be calcified.

CASE REPORTS

Case 1.—Edison, a male African from Gutu, was admitted to the Umvuma district hospital on 27th November, 1952. Age ± 20. The history and examination were typical. Operation on 6th January, 1953. Splenectomy. No other evidence of tuberculosis was found at laparotomy. The histological section showed tuberculosis. Convalescence was rapid and he was discharged on 22nd January. Unfortunately he failed to attend for follow-up.

Case 2.—Dube, a male African from Belingwe, age ± 30, was admitted to Filabusi district hospital on 16th July, 1962. The history and examination were typical as outlined above. Chest X-ray showed no abnormality. Hb. 80 per cent.; weight 105 lb.

Operation on 30th July. Splenectomy. His convalescence was slow. A sinus developed, and biopsy of this showed tuberculosis. Specific chemotherapy was therefore given. The sinus then closed rapidly and his general condition improved. Chemotherapy should have been given from the start.

He was detained in hospital on chemotherapy until 9th August, 1963, when he was discharged to continue treatment as an out-patient. Seen in out-patients' on 3rd February, 1964, he was well. He had put on 20 lb. in weight. A small incisional hernia was present in the wound.

SUMMARY

Two cases of primary tuberculosis of the spleen in the Rhodesian African are recorded. The typical symptoms and signs are indicated.

REFERENCES

1. AIRD, I. *Comp. in Surg. Studies*, p. 864.
2. SHANDS (1933). *Amer. J. Surg.*, 27, 7. (Quoted from Aird I; *vide supra.*)
3. WINTERNITZ (1912). *Ergeb. d. allg. Pathol. u. pathol. Anat.*, 11, 766. Quoted from Aird, I; *vide supra.*)

Acknowledgments

I acknowledge with thanks the permission of the Acting Secretary for Health for Rhodesia to publish this article. I also wish to record my thanks to Dr. W. Fraser Ross for searching the records of Mpilo hospital for me, for reading the manuscript, and for his helpful critcism and encouragement in the preparation of this paper.