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# Intestinal tuberculosis simulating colon cancer in a patient with end-stage renal disease

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**Case Study:**

The risk of tuberculosis (TB), especially extrapulmonary TB, is higher in patients with chronic kidney disease (CKD) owing to suppressed cell-mediated immunity caused by uremia. However, intestinal TB developed in patients with CKD is rarely seen. We report a case of intestinal TB with a clinical presentation similar to that of colon cancer in a patient undergoing hemodialysis for end-stage renal disease secondary to diabetic nephropathy. A 49-year-old man was admitted to the Division of Nephrology with a 3-month history of general weakness and anorexia. The patient's blood urea nitrogen (BUN) and serum creatinine (Cr) levels were 57.2 mg/dL and 6 mg/dL, respectively, 3 months before admission, and he reported worsening symptoms of uremia, such as malaise, weight loss, nausea, and vomiting. At the time of admission, his laboratory investigations showed the following results: serum BUN/Cr of 96.9/8.1 mg/dL, normocytic anemia with hemoglobin of 5.2 g/dL, hypoalbuminemia (2.6 g/dL), hyperkalemia, and metabolic acidosis. Hemodialysis was initiated for suspected exacerbation of azotemia; however, intermittent pyrexia, night sweats, and abdominal discomfort persisted. His chest X-ray did not show evidence of pulmonary TB. Abdominal computed tomography scan and positron emission tomography of whole body showed findings indicative of ascending colon cancer with adjacent lymph nodes involvement. Colonoscopy and biopsy were performed, and histopathologic examination revealed submucosal caseating granuloma and acid-fast bacilli, which confirmed the diagnosis of colonic TB. We initiated quadruple therapy with isoniazid (300 mg/day), rifampicin (600 mg/day), ethambutol (15 mg/kg, 3/week) and pyrazinamide (30 mg/kg, 3/week). The patient continued quadruple regimens for the first 2 months before switching to dual therapy (isoniazid, rifampicin) and received anti-TB medications for a total of 12 months. After initiaion of anti-TB therapy, his systemic symptoms and colonic lesions improved gradually, and he is now maintained on regular hemodialysis with no recurrence of TB.