

INTRODUCTION

Tuberculosis, a real public health problem of its resurgence, currently benefits from appropriate and effective treatment in most cases. Extra-pulmonary tuberculosis is polymorphic, and ano-perineal localizations are sporadic in the literature, sometimes with a diagnosis that is difficult to confirm.

Objectif :

We report here a case of anal tuberculosis complicated by an anoprostatic fistula with urinary leakage confirmed by histology.

OBSERVATION

Reason for consultation:

58-year-old unemployed patient admitted to the proctology department on February 12, 2019 for the management of persistent anal suppuration with anal incontinence.

History of the disease:

He would have presented a proctalgia, a tenesmus, a grinding then an anal suppuration one month before his admission the whole evolving in a feverish context.

At the proctology consultation on 02/12/2019 he presented with a large suppurative anal ulceration and anal incontinence. The rectal examination and anorectoscopy were unremarkable; the preoperative workup had shown positive HIV serology. a colostomy plus potassium permanganate sitz baths were instituted and an infectious disease consultation for management of her HIV.

Then the patient was lost to follow-up

On 08/03/2021 he consulted again for persistence of suppuration associated with a urinary leak..

Physical examination :

Conscious patient good general condition colored conjunctiva arterial pressure at 11/08 cmhg with the pulse at 96 beats / min of the folds of dehydration

Viable and productive stoma with peristomal ulceration, anal suppuration, anal margin ulceration and a stenosing infiltrating tumor located 3 cm from the anal margin

Paraclinical examination:

Pelvic MRI: a malignant tumor of the anal canal classified as T4N2 invasive invading the prostate PIRAD score 4 with anoprostatic fistula.

Biopsy of 05/10/2021: several tissue fragments in a brownish-beige appearance about 1.5 cm long.

Pathological examination found an epithelio-gigantocellular infiltrate with caseous necrosis suggestive of pseudo-tumor anal tuberculosis.

Frontal chest x-ray: alveolar-interstitial opacity of the right pulmonary field.

Treatment: RHZE anti-tuberculosis treatment initiated on 10/15/2021

Evolution: disappearance of urine leakage with resumption of appetite and weight gain after 21 days of treatment.

ICONOGRAPHY



Photo1:ulcération anale



Photo2:urine leak



Photo3:alveolar-interstitial opacity

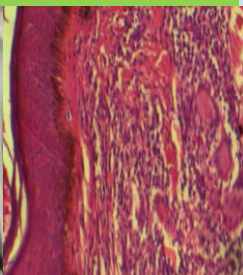


Photo4: squamous epithelium with chorion's gygantocellular epithelio infiltrate