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4.7 - 14% (1).

(2).

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CT

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1 (caseation)

(Fig. 1C).

28 가 1

7

(3).

28 mg/dl

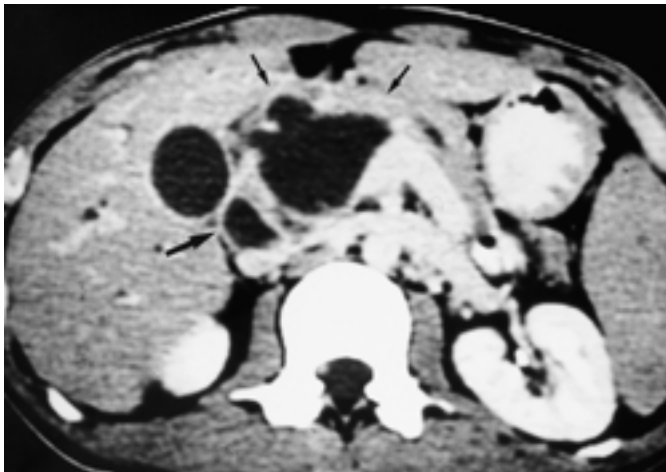
(4). Pombo (5) CT

CT . CT 가 ,

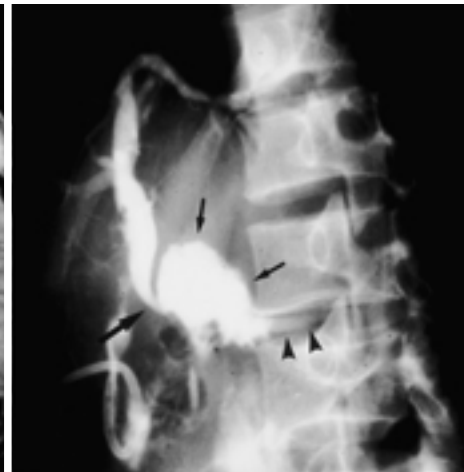
(Fig. 1A).

(Fig. 1B). CT

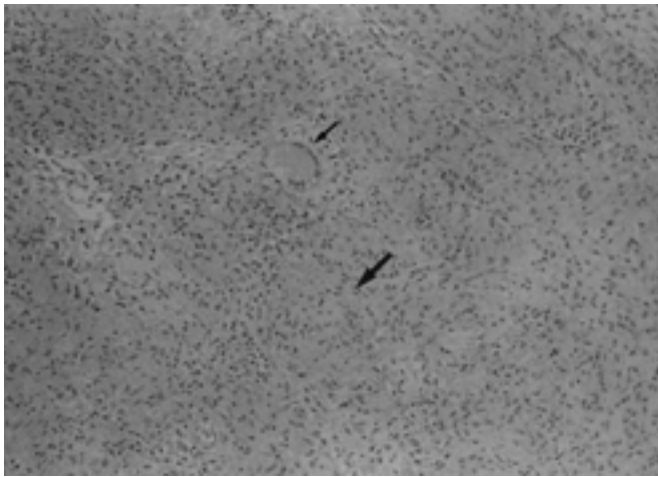
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A



B



C

Fig. 1. Tuberculous abscess of the pancreas in a 28-year-old man.

A. Contrast-enhanced CT scan shows an irregular, cystic lesion (small arrows) with thick wall in the pancreatic head. The gallbladder and common bile duct (large arrow) are markedly dilated. Note contrast enhancement of the wall of cystic mass, common bile duct, and gallbladder suggesting acute inflammation.

B. ERCP shows a cavitory lesion (small arrows) filled with contrast material in the pancreatic head. Note the communications of this lesion with the dilated common bile duct (large arrow) and pancreatic duct (arrow heads)

C. Photomicrograph shows a tubercle with central caseous necrosis (large arrow), epithelial cells, plasma cells, and fibroblasts at the peripheral portion of necrotic area. Note Langhans cell (small arrow) adjacent to the necrotic area (H & E stain, $\times 200$).

CT

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(6). Ozden (7)

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Enders (8)

, Shan (9)

Takhtani (10)

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CT

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Tuberculous Abscess of the Pancreas Presenting as Obstructive Jaundice: A Case Report¹

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Pancreatic tuberculosis is very rare, though dissemination to the gastrointestinal tract and mesenteric lymph nodes is common. We describe a case of pancreatic tuberculosis presenting as a cystic mass in the pancreatic head, with biliary obstruction, in a patient with miliary pulmonary tuberculosis. Surgery for the curative treatment of jaundice was performed, and the histopathologic findings indicated that a pancreatic abscess with caseous necrosis was present, consistent with tuberculosis.

Index words : Pancreas, abnormalities
Pancreas, diseases
Pancreas, CT

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