CLINICAL SNAPSHOT

Figure: Peritoneal lesions revealed by laparoscopy.

Nonspecific Lower Abdominal Pain?

An underweight 65-year-old man was admitted to the hospital for evaluation of lower abdominal pain. Computed tomography (CT) of the abdomen revealed a small amount of ascites, peritoneal contrast enhancement, and multiple mesenteric nodules, arousing the suspicion of peritoneal carcinomatosis. An enzyme-linked immunospot assay (ELISPOT) for mycobacterium-tuberculosis-specific T-cells was positive. Specimens of ascitic fluid and peritoneal membrane were obtained by laparoscopy. Histological examination revealed numerous epithelioid-cell granulomata, and bacterial culture confirmed the diagnosis of peritoneal tuberculosis due to *Mycobacterium caprae*. *M. caprae* causes tuberculosis in ungulates (e.g., cows, deer) and is found in the Alpine regions and elsewhere. This zoonosis can spread to man through occupational exposure (cattle farming)

or through the drinking of unpasteurized milk. Our patient was asymptomatic after a classic six-month course of antitubercular therapy. His mechanism of exposure was never conclusively determined.

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