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### Disseminated Tuberculosis Masquerading as Malignancy

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#### Abstract:

We report a case of one and half years old female child who presented with gradual abdominal distension with swelling in left axilla and fever since 2 months. Child had past history of left axillary node abscess at 3 months of age following BCG vaccination (given on D10 of life) for which incision and drainage was done and rifampicin alone was taken for 6 months. No history of TB contact. On examination, child had pallor and significant generalized lymphadenopathy, matted lymph nodes with sinus formation with hepatosplenomegaly. Investigations showed persistent leucocytosis and high ESR. Work up for tuberculosis was negative. CT abdomen was suggestive of hepatosplenomegaly with enlarged lymph nodes with a possibility of disseminated TB. Right axillary lymph node biopsy was done. Histopathology showed large atypical cells. Primary smear of sample sent for culture TB MGIT showed AFB +++. Immunohistochemistry revealed S100 and CD1a positive histiocytes with intracytoplasmic globi of acid fast bacilli with a possibility of Langerhan's cell histiocytosis (later ruled out by oncologist). However, TB MGIT grew Mycobacterium TB complex consisting *MTB*, *M bovis*, *M africanum*, *M microti*. Drug susceptibility report showed resistance to pyrazinamide. Hence a diagnosis of disseminated TB was made and child was started on 2nd line Anti tuberculous therapy. On follow up child is symptomatically better. We report this as a rare case of disseminated tuberculosis mimicking malignancy.