Introduction/Background Tuberculosis is currently a serious global problem and its incidence has increased in recent years. However, peritoneal tuberculosis is rare in the western world, its incidence is estimated at 1–2% of patients with pulmonary tuberculosis. This extrapulmonary tuberculosis is very difficult to diagnose due to its non-specific signs and symptoms, which sometimes leads to gynecological oncology diagnosis such as advanced ovarian carcinoma.

Methodology Our experience using laparoscopy as a diagnostic modality to accurately diagnose peritoneal tuberculosis which mimics a carcinomatosis of ovarian origin, is presented.

Results A 37-year-old Saharawi woman presented with a 1-month history of abdominal distention and loss of appetite and weight. A CT-scan of the abdomen and pelvis reported ascites with multiple peritoneal nodules suspicious for carcinomatosis peritonei. CA125 was 356 Ul/mL. Based on these imaging features along with elevated CA 125 levels, peritoneal carcinomatosis of an ovarian carcinoma was suspected. Laparoscopic examination revealed peritoneal carcinomatosis and omental cake, the uterus remains normal, both ovarium and tubes were normal, but all peritoneal cavity was covered by milliary nodule. The histopathological examination revealed a granulomatous reaction associated with tuberculosis infection, showing epithelioid granulomas, with caseating necrosis, giant cells, as well as a chronic inflammatory infiltrate. PCR was successful for the direct detection of Mycobacterium tuberculosis. Moreover, there was no histopathological evidence of malignancy. The diagnosis of peritoneal tuberculosis was established. The patient is being treated with daily administration of isoniazid, rifampicin, ethambutol and pyrazinamide for two months, followed by four months of daily dual therapy combining isoniazid and rifampicin.

Conclusion Laparoscopy is considered as the best modality to differentiate between peritoneal carcinomatosis of ovarian origin and peritoneal tuberculosis. In countries with migratory flows, the possibility of peritoneal tuberculosis should be kept in mind to gynecologist oncologist as a differential diagnosis of carcinomatosis of ovarian origin.

Abstract 2022-RA-1669-ESGO Figure 1

Conclusion Sepsis does not seem to have a positive impact on oncologic and survival outcomes of advanced stage EOC patients.