

## H91 Death From Peritonitis Due to Multiple Intestinal Perforations: Approaching a Case of Advanced Tuberculosis (TB)

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**Learning Overview:** After attending this presentation, attendees will better appreciate the pathologic features associated with disseminated TB infection.

**Impact on the Forensic Science Community:** This presentation will impact the forensic science community by discussing a case in which death was attributed to intestinal complications of TB that are infrequent or underestimated in developed regions of the world.

Tuberculosis is typically a chronic infectious disease caused by the bacillus *Mycobacterium tuberculosis*. The transmission of the infection generally occurs through air diffusion of droplets. The natural course of the infection is extremely variable and influenced by the general condition of the subject. Cases with latent TB can be asymptomatic, while in other individuals, active TB with symptomatic disease can develop. The lungs are usually the primary site of tubercular infection, but other organs can also be affected due to the spread of *Mycobacterium* in the blood.

This case report concerns a 41-year-old man living in poor socio-economic conditions who was found dead at home. Clinical information about the subject revealed a previous diagnosis of tuberculosis. For this reason, a clinical autopsy was requested in order to determine the cause of death and establish a possible link with the infection.

External examination of the body showed almost complete disappearance/atrophy of muscles. Internal examination revealed left pleural adhesions with bilateral effusions of yellow-green fluid. Both lungs were heavy and affected by multiple cavities of different sizes, containing caseous material. Opening the abdominal cavity revealed a considerable amount of brownish fluid; inspection of the bowel revealed several granulomas with multiple perforations of the small intestine. Following the investigation, the clinical history, and the autopsy findings, a diagnosis of stercoraceous peritonitis due to tubercular intestinal perforation was made. Death due to intestinal perforation complicating intestinal tuberculosis is uncommon. The finding of multiple intestinal perforations poses questions regarding the time of onset as well as the survivability of this involvement.

In conclusion, although the knowledge of tuberculosis infections is extensive, the autopsy approach to such cases still requires vigilance given the rarity of disseminated tuberculosis in developed countries and the repercussions of this disease going untreated.

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### Tuberculosis, Intestinal Perforation, Autopsy Investigation