A 56y/o male with chronic renal insufficiency presented with intermittent, colicky abdominal pain associated with changes in bowel movement and weight loss. He presented with fever, a slightly distended abdomen with hyperactive bowel sounds.

**Results** Complete blood count revealed anemia (Hgb 9.9 g/dL), leukocytosis (17.3 ×10^9/L) and elevated serum creatinine (1166 umol/L). Abdominal CT scan showed ascending colon wall thickening with associated pericolic fat stranding and luminal narrowing. Colonoscopy showed a large mass at the cecum near the ileocecal valve.

Histopathology showed chronic granulomatous inflammation with Langhans giant cells and necrosis consistent with cecal tuberculosis.

Anti-TB treatment for category 1 extra-pulmonary TB consists of two (2) months of isoniazid, rifampicin, pyrazinamide, and ethambutol (2HRZE) as intensive phase followed by four (4) months of isoniazid and rifampicin (4HR) as continuation phase.

**Conclusions** Differential diagnosis of gastrointestinal TB should always be considered in colonic masses producing obstruction among patients in TB-endemic countries. (Figure 1).