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Research Article

A RESEARCH STUDY ON THE OUTCOME OF THE SURGICAL PROCEDURE PERFORMED ON TUBERCULOSIS OF ABDOMEN CAVITY

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Abstract:

Objective: The main purpose of this research work was to assess the wide-ranging appearance, mortality, morbidity & results of different methods of surgery performed in the patients suffering from the tuberculosis of the abdomen cavity. .

Study design: This was a case series case study.

Venue and period of the research work: This research work conducted in the number 3 & 4 surgical units of Mayo Hospital Lahore. This case work started in May 2014 and lasted up to November 2017.

Patients and Methods: All the patients suspected medically to have the tuberculosis of the abdomen cavity, proved by the interrogation and outcome of gross morphology at the time of surgery and histo-pathologically confirmed caseating granulomas were the part of this research work.

Results: A sum of eighty six patients were the participants of this case study. The average age of the patients was 35.60 years. Females were double in quantity as compared to male. The tuberculosis of primary intestine was available in 78.0% patients. Total 52.30% patients found with 1 or many strictures relating the distal ileum & region of ileocaecal. About 27.90% patients found with extra mass in the region of ileocaecal. Perforation was present in 19.80% patients. The rate of mortality was 2.30%. The main after surgery problems happened in the cases of 13.90% patients. The drugs against tuberculosis were in the prescription of every patient for complete twelve months. Six months was the median follow up duration. 82.50 patients were performing well till their final visit.

Conclusion: Patients found with the obstruction in bowel chronic or acute, should get a complete follow up to overcome the tuberculosis of the intestines. In the availability of the damage of bowel with peritonitis of faeces & sepsis inside the abdominal cavity, we found the ileostomy as a safe method as compared to the primary anastomosis.

Key words: Abdomen, cavity, methodology, tuberculosis, ileocaecal, acute, chronic, duration, design.

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INTRODUCTION:

The section of the tuberculosis which is extra pulmonary is very hard due to wide-ranging appearance and deficiency of the accurate tests [1, 2]. The manifestation of the tuberculosis have association with many other diseases of abdomen [3]. In most of the patients, the detection is reasonably the result of the method of exclusion [4]. The professional should be well aware and monitor the unprejudiced course in the evaluation of these type of patients. The tuberculosis of the abdomen cavity may available medically as acute wither because of obstruction in the bowel, any damage in the bowel appendicular mass in the lower right part of the abdomen [5].

In spite of modernity in the treatments with the drugs & facilities of the diagnostic, this disease of tuberculosis is a huge problem to health in the countries which are under development like Africa, India & Pakistan [4]. The laparoscopy or abdomen exploration usually make the diagnosis of the disease. The aim of the current research work is to assess the wide-ranging appearance of tuberculosis in the abdomen cavity, detection of disease & results of the various surgical methods.

PATIENTS & METHODOLOGY:

Eighty six patients diagnosed with the tuberculosis of the abdomen were the participants of this research work. This case work started in surgical unit-3 & 4 in Mayo hospital Lahore. This case work started in May 2014 and lasted up to November 2017. The standard for the detection of tuberculosis of intestines were medical suspicion, surgical outcomes, proved with the help of histology, AFB demonstration & reaction to the drugs used against tuberculosis. The x ray of the chest of all the patients carried out. The patients who got normal results of X ray but with symptoms of

tuberculosis of intestines were the part of the group of tuberculosis of intestines.

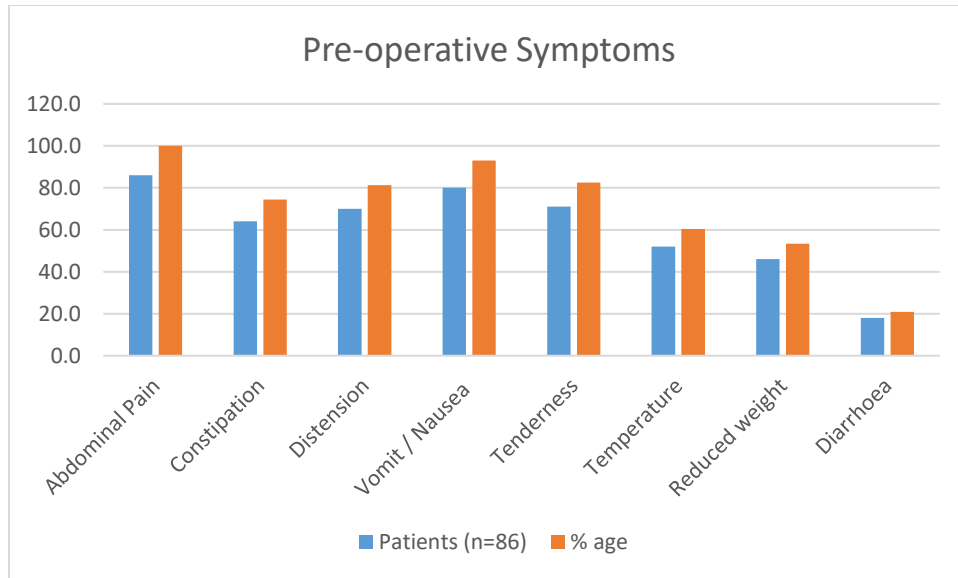
The studies of Barium contrast performed in twenty three patients. The abdomen exploration carried out in al eighty sic patients. Total 46 (53.40%) patients have to undergo exploratory laparotomy in emergency after resurgence & baseline interrogation. The record of peritonitis below the diaphragm with free gas in 19.80% patients was present. In 27.90% (n: 24) patients, there was presence of extra mass in the lower right part of abdomen. The symptoms of acute obstruction of intestines were available in 72.0% (n: 62) patients. The obstruction of the intestines was due to the extra mass in the ileocaecal area, adhesions & bands. For all the participants, histopathology of the samples carried out which confirmed the diagnosis of the disease. After the surgery, every patient have to take anti tuberculosis drugs for complete twelve months.

RESULTS:

The range of the age of the patients suffering from tuberculosis of intestines was from 16 to 70 years but majority of patients were spending their 2nd and 3rd decade of life. The women to men ratio was 2:1. Almost all the patients were from lower social and economic families. Out of total 86 patients, 72.0% (n: 62) found with the primary tuberculosis of the intestines & 26.0% (n: 24) were suffering from the secondary tuberculosis of the intestines with notable x rays of the chest. Seventy two percent (n: 62) patients found with the factors of acute obstruction of intestines & 19.80% (n: 17) appeared with peritonitis. The period of the signs before the admission is different from three days to 1 year as shown in Table-1.

Table- 1 : Clinical features at the time of presentation

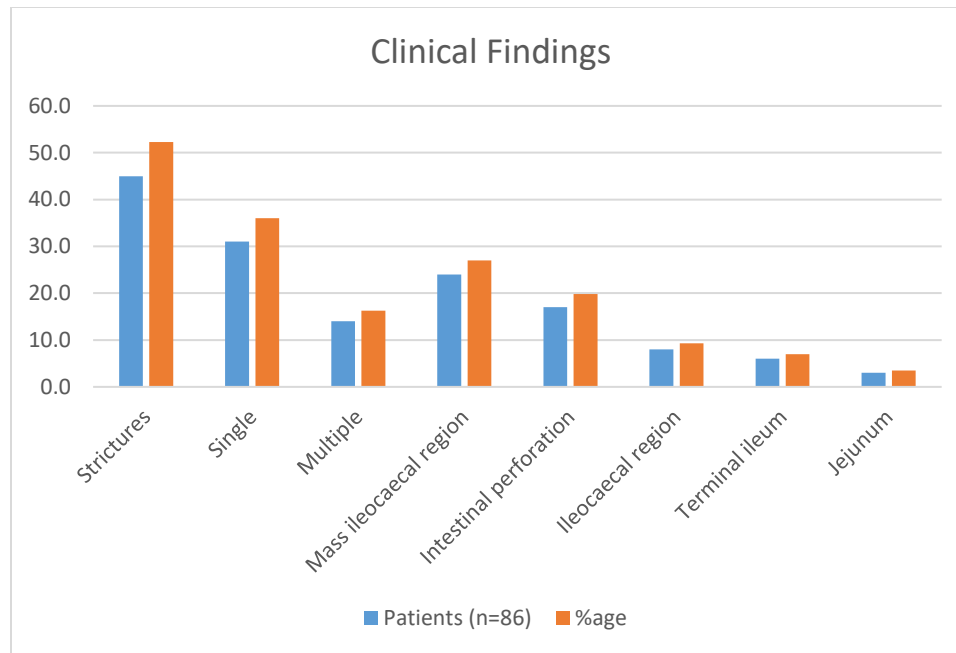
Indications	Patients (n=86)	% age
Abdominal Pain	86.0	100.00
Constipation	64.0	74.40
Distension	70.0	81.30
Vomit / Nausea	80.0	93.00
Tenderness	71.0	82.50
Temperature	52.0	60.40
Reduced weight	46.0	53.40
Diarrhoea	18.0	20.90



Most patients found anemic & discrepancy in electrolytes. The raising of ESR carried out in 84.80% (n: 73) patients. The test of mantoux carried out in thirty patients which was + in 18 patients. Abdomen exploration carried out in all 86 patients. Record of the findings maintained (Table-2). Most frequent

involvement area was distal ileum in 59.3% (n: 51) patients. The ileocaecal area was the involvement area in 37.2% (n: 32) patients. In 3.8% (n: 3), jejunum was the involved area. In 47.60% (n: 41) patients, stricturoplasty conducted. About 30.20% (n: 32) patients found with right hemicolectomy.

Table II - Operative Findings		
Findings	Patients (n=86)	%age
Strictures	45.0	52.30
Single	31.0	36.04
Multiple	14.0	16.28
Mass ileocaecal region	24.0	27.00
Intestinal perforation	17.0	19.80
Ileocaecal region	8.0	9.30
Terminal ileum	6.0	6.98
Jejunum	3.0	3.49



The complications after the surgery were available in 13.90% patients in the shape of abscess (three patients), five patients found with wound dehiscence & chest disorder was available in four patients with wound sepsis. The rate of mortality was 2.30%. The main reason of death was high sepsis of abdomen cavity & failure of many organs. Fifteen patients did not complete the duration of follow up but seventy one patients were doing well in the follow up.

DISCUSSION:

The tuberculosis of the Abdomen is the 2nd most frequent extra pulmonary disease form in accordance with the research work conducted by Shehzad [6]. AT (abdominal tuberculosis) has the ability to happen in any age, but it is very common in the young age. The average age of 35.60 years of patients in this research work shows the findings of different case studies [5, 7]. Most of the patients of this case study were from poor social and economic class which was also the conclusion of other case studies. Bad nutritional condition, lack in the facilities of the health & poor milk pasteurization are some the issues for the advancement of these complications [8, 9].

The diagnosis of AT before surgery is very hard. A great index of medical suspicion & laparoscopy aid to establish the detection. In the current research work, majority of patients needed immediate surgical interference (79.91%). A large number of patients found with obstruction in intestines (72.0%) which is similar to other research works [5, 7]. A high disease occurrence in women is the conclusion of many

research works [1, 8, 10]. The pain in abdomen was the most common appearance in patients of our research works & this is also the conclusion of many other case studies [10, 11, 12]. One or many ileum strictures were available as the very frequent cause of the obstruction in the intestines in 52.3% (n: 45), 2nd most common was mass in ileocaecal mass in 27.9% (n: 24). About 19.8% (n: 17) patients appeared with peritonitis because of the visceral perforations.

In all these patients, we found the fashioned ileostomy. Restricted hemicolectomy of right side & ileo colic anastomosis achieved in 30.20% (n: 26) patients. The high occurrence of primary tuberculosis of the intestines in the current case is according to the many other research works performed in the countries which are under development [5, 7, 8, 11, 13]. Research works from the modern countries have displayed that secondary tuberculosis is more frequent [14]. AT is a medical abnormality which has no specific medical features from which a clear and confirm detection should be possible. Even after full interrogation range, the detection of the disease may be obscure. High index of medical suspicion & laparoscopy support to establish the detection of the disease [15]. In this current research work, a treatment with the anti-tuberculosis advised to all the patients for complete twelve months [16]. The less rate of mortality (2.30%) shows good administration before surgery & better decision making about surgery about the different methods of the surgery.

CONCLUSION:

The patients who found with obstruction in the bowel acute / chronic, should get a full workup to tuberculosis of the intestines. With the availability of the perforation in bowel peritonitis of faeces and sepsis inside the abdomen, ileostomy is secure method as compared to the anastomosis.

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