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Research Article

CLINICAL PROFILE OF PATIENTS WITH ABDOMINAL TUBERCULOSIS

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Abstract:

Objective: To determine the clinical profile of patients with abdominal tuberculosis.

Patients and Methods: A total of fifty patients of abdominal tuberculosis were explored and included in the study. The cross-sectional survey includes patients had the acute symptoms as pain, vomiting, constipation affecting intestinal obstruction/perforation, fever, lump and abdominal distension. The diagnosis of this was made by the hematological parameters, sputum analysis, x-ray of abdomen and ultrasonography diagnosis was done by operative findings, histopathological biopsy of tissue needing urgent surgical intervention whereas the frequency / percentages (%) and means \pm SD computed for study variables.

Results: During six-month study period total fifty patients had abdominal tuberculosis were explored and study. The mean \pm SD for age (yrs) of population was 48.66 ± 7.83 . Regarding gender Male 32 (64%) and Female 18 (36%). The cases operated were 33 (66%) and conservatively managed as 17 (34%). The intervention done as resection anastomosis (56%), right hemicolectomy (16%), stricturoplasty (10%), ileostomy (8.0%), adhesiolysis (8.0%) and primary closure (2.0%).

Conclusion: Tuberculosis can include any piece of the gastrointestinal tract and is the 6th most successive site of extrapulmonary region.

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INTRODUCTION:

Tuberculosis (TB) can include any piece of the gastrointestinal tract from mouth to anus, the peritoneum and the pancreatobiliary framework. It can have a shifted introduction, much of the time copying other normal and uncommon sicknesses [1]. The clinician must search for tuberculosis, and affirm or bar this treatable ailment in any patient who presents with gastrointestinal ailment. TB of the gastro intestinal tract (stomach related framework) and abdominal cavity is known as abdominal tuberculosis [2]. Ingestion of the tuberculous germ by drinking unpasteurized milk of a dairy animals contaminated with TB is one of the components of abdominal TB. The abdominal TB can likewise happen by spread of the TB bacillus from the lungs to the digestive organs by the circulation system. In 2/3 rd of kids, there is prevalent inclusion of the abdominal related framework [3]. Association of the abdominal cavity (peritoneum) happens in staying of the patients. Contribution of just the lymph organs in the stomach area is uncommon [4,5]. Clinical component of stomach tuberculosis is changed. The most widely recognized side effects are torment in the stomach area, loss of weight, anorexia, repetitive looseness of the bowels, low grade fever, cough and

distension of guts. The target of this examination was to investigate the clinical range of abdominal tuberculosis at instructing emergency clinic.

PATIENTS AND METHODS:

A total of fifty patients of abdominal tuberculosis were explored and included in the study. The cross-sectional survey includes patients had the acute symptoms as pain, vomiting, constipation affecting intestinal obstruction/perforation, fever, lump and abdominal distension. The diagnosis of this was made by the hematological parameters, sputum analysis, x-ray of abdomen and ultrasonography diagnosis was done by operative findings, histopathological biopsy of tissue needing urgent surgical intervention. The data was collected on pre-designed proforma and analyzed in SPSS to manipulate the frequencies and percentages.

RESULTS:

During six-month study period total fifty patients had abdominal tuberculosis were explored and study. The mean \pm SD for age of population was 48.66 ± 7.83 . The demographical and clinical profile of study population is presented in Table 1.

TABLE 1: The Demographical And Clinical Profile Of Study Population

Parameter	Frequency (N=50)	Percentage (%)
AGE (yrs)		
20-29	05	10
30-39	09	18
40-49	18	36
50-59	11	22
60+	07	14
GENDER		
Male	32	64
Female	18	36
RESIDENCE		
Urban	23	46
Rural	27	54
CLINICAL PRESENTATION		
Abdominal pain	32	64
Vomiting	17	34
Abdominal distention	19	38
Altered bowel habits	12	24
Weight loss	12	24
Lump in abdomen	08	16
MANAGEMENT		
Operated (surgical intervention)	33	66
Conservative	17	34
SURGICAL INTERVENTION		
Resection anastomosis	11	56
Right hemicolectomy	07	16
Stricturoplasty	06	10
Ileostomy	04	8.0
Adhesiolysis	03	8.0
Primary closure	02	2.0

DISCUSSION:

Abdominal tuberculosis is one of the most pervasive types of extra-aspiratory tuberculosis. The gastrointestinal (GI) tract, peritoneum, lymphatic framework, and strong viscera are liable to contrasting degrees of tuberculosis inclusion, which can happen alone or in blend. Tuberculosis has a wide range of ailment and can influence any framework in the body.

Our information is predictable with different studies like by Wig JD et al and Bharti et al in which the greater part of the patients were under 40 years old with 65.76% and 59.9% respectively [6,7]. Concentrate by Das P, et al likewise demonstrated higher rate in females as they included 72% of the all out patients [8]. Information of the present examination generally harmonizes with past investigation by Das P, et al which likewise states most regular indication as pain in abdomen area

pursued by vomiting, gut unsettling influences, fever, abdomen distension, weight reduction and protuberance in abdomen [8]. Expanded physiological stasis, expanded rate of liquid and electrolyte assimilation and negligible abdomen related action allowing more prominent contact time between the pathogen and the mucosal surface in the ileocaecal region render this region more vulnerable to the development of intestinal tuberculosis [9]. In aseries by Mukerjee and Singhal et al, in general rate of free intestinal perforation in patients with abdominal tuberculosis is near that of 2% [10].

CONCLUSION:

Tuberculosis can include any piece of the gastrointestinal tract and is the 6th most successive site of extrapulmonary region. A high file of doubt ought to be remembered for diagnosing this totally curabledisorder

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