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Research Article

STUDY TO KNOW THE OUTCOME AND CLINICAL PRESENTATION OF ABDOMINAL TUBERCULOSIS

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Abstract:

***Objective:** To investigate the clinical presentations and results of abdominal tuberculosis cases.*

***Study Design:** A cross-sectional prospective study.*

***Place and Duration:** In the Surgical Unit I of Jinnah Hospital Lahore for one year duration form April 2018 to April 2019.*

***Methodology:** 53 patients with abdominal tuberculosis were observed during the study period. 4 subjects were excluded from the follow-up. All patient detailed information was recorded, analyzed and compared, including gender, age, signs, symptoms and management, and compared with international and local data.*

***Results:** With abdominal tuberculosis; 50 patients, male were 19 and female were 31. 17 to 63 years was the age range with 25.1 years mean age. 35 cases were accepted by emergency departments and fifteen outpatient departments. The most usual symptom in 44 patients (88%) was abdominal pain, after that 33 patients with vomiting (66%). In 22 patients (44%), abdominal tenderness was noted and in sixteen patients (32%) there was stiffness and other peritonitis. Surgical intervention was done in all of these subjects, in 17 (34%) right hemicolectomy was done, in 12% of cases anastomosis and segmental resection, strictureplasty and ileostomy in 6 (12%) and in 5 (10%) patients and perforation was noted in four (8%) patients. Due to multi-organ insufficiency and septicaemia; 8% was the overall mortality.*

***Conclusion:** In neglected cases, abdominal tuberculosis is an important clinical condition with fatal problems. It distresses the earlier age group and in women it is more common. Clinical features are not specific, but low fever, poor health, anorexia and weight loss may be beneficial for the diagnosis.*

***Key words:** Abdominal tuberculosis, Intestinal tuberculosis, tuberculous peritonitis, Intestinal obstruction.*

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INTRODUCTION:

Tuberculosis is an old disease that has long been a major health problem. Eight million new cases of pulmonary and non-pulmonary tuberculosis occur with 2.9 million deaths per year [1-3]. The organism causing tuberculosis was first identified by a German biologist Robert Koch. Koch's bacillus was later called Tubercle's bacillus [4-6]. Primary intestinal tuberculosis results from ingestion of infected milk, while secondary variability results from ingestion of sputum infected by pulmonary foci that cause inflammation [7-9]. There are two common types of pathological abdominal tuberculosis: intestinal tuberculosis and tuberculous peritonitis. Tuberculous lymphadenitis, the third entity, is rarely seen alone [10].

MATERIALS AND METHODS:

This cross-sectional prospective study was held in the Surgical Unit I of Jinnah Hospital Lahore for one year

duration from April 2018 to April 2019. Fifty-four patients presented with abdominal tuberculosis were selected, but four patients were lost during follow-up, so only 50 subjects were included in the study.

Of the 50 patients, 35 were accepted by the emergency department and the remaining 15 by the surgical department. The ages of the patients ranged between 17 and 63 years and the mean age was 25.1 years. Thirty-one patients (62%) were female and 19 patients (38%) were male; male to female ratio 1: 1.6. Four patients (8%) had active lung lesions with abdominal infection.

RESULTS:

In 44 patients; abdominal pain was the most usual symptom in most patients which was colicky in nature. There were vomiting in 33 cases and fever in 31 cases (Table I).

Symptoms	Number	%
Abdominal pain	44	88
Vomiting	33	66
Fever	31	62
Weight loss	30	60
Distension	29	58
Constipation	21	42
Anorexia	19	38

Table I. Clinical Symptoms

Abdominal sensitivity was especially in the right lower quadrant in 22 (44%) cases. Twenty-one (42%) patients had dehydration and tachycardia, 16 (32%) had stiffness and other peritonitis (Table II).

Table II. Clinical Signs

Signs	Number	%
Tenderness	22	44
Dehydration	21	42
Tachycardia	21	42
Guarding	16	32
Visible peristalsis	7	14
Mass	5	10

In all these patients; Surgery was done, in 17 (34%) patients, right hemicolectomy, anastomosis and segmental resection in 12 (24%) cases, strictureplasty

and ileostomy in six (12%) cases, perforation repair in 5 (10%) and adhesionolysis in 4 (8%) patients.

Table III. Surgical Procedures

Surgical Procedure	No.	%
Rt. Hemicolectomy (limited)	17	34
Resection & Anastomosis	12	24
Strictureplasty	6	12
Ileostomy	6	12
Repair of Perforation	5	10
Adhesiolysis	4	8

Overall mortality was 8% due to septicemia and multiorgan insufficiency.

DISCUSSION:

In this study, the mean age of the patients was 25.1 years and was lower than the other studies. Haddad et al. Found the average age of abdominal tuberculosis cases, which was about 26 years among Indians, and 46 years in the rest of the world [11]. According to them, it may be due to the high prevalence in the Indian sub-continent and early recognition of the disease¹². Abdominal tuberculosis was found to be more common in women; the incidence of this study was high (62%) [13]. In our study, 70% of the patients were evaluated as acute abdomen. Other local series show that the acute presentation is quite high, although not so in the UK and other Western countries [14]. This may be due to early detection of the disease there. In our study, 8% of the patients had pulmonary tuberculosis; in other studies, this figure ranges between 9 and 19%. Most of our patients who were in agreement with other studies had abdominal pain, vomiting, distention and constipation [15]. However, sensitivity, the most common sign (44%) in our study, was lower than that reported by other authors (61-80%). Abdominal mass was palpated in the right iliac fossa in 10% of our cases; other employees show the figure around 13-45%. In this study, 17 (34%) patients underwent limited right hemicolectomy followed by segmental resection and anastomosis in 12 (24%), ileostomy and strictureplasty in five (12%), and perforation in five (10%) and four (8%) adhesion [15].

CONCLUSION:

These results agree with the findings of other studies. Postoperatively, all patients received anti-tuberculous chemotherapy for nine months.

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