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Research Article

**STUDY TO KNOW VARIOUS PRESENTATIONS OF
ABDOMINAL TUBERCULOSIS**¹Dr.Zeeshan Ali Amjad, ²Dr.Rana Muhammad Armughan ur Rehman, ³Dr.Salman Saeed¹Hamdard College of Medicine and Dentistry²Medical Officer DHQ Layyah³Medical Officer at Lahore District Tuberculosis**Abstract:****Objective:** To examine different presentation styles of abdominal tuberculosis.**Study design:** A prospective study.**Configuration and duration:** In the Surgical Department Unit I of Services Hospital, Lahore for one year duration from July 2016 to July 2017.**Methodology:** All patients with abdominal tuberculosis with different presentation modes were selected. The diagnosis was based on physical examination, laboratory tests and clinical history. Patients who underwent surgery also recorded the preoperative findings and the procedure performed.**Results:** The mean age of the male and female patients was 33 (range, 14-66 years). Among the various presentations of abdominal tuberculosis were abdominal pain (88.46%), fever (84.6%), weight loss (69.2%), abdominal mass (46.1%) and abdominal ascites (26.9%). Surgical intervention was performed with 16 (61.5%) abdominal mass, (12.5%) cases of resection and anastomosis, (18.75%) Adhesiolysis, (25%) Loop ileostomy, (12.5%) stricturoplasty, limited right hemicolectomy (12.5%) and in (18.75%) perforation closure were performed. 4 patients died with 25% mortality rate.**Conclusion:** Diagnosis of the abdomen is difficult due to lack of specific symptoms and signs. However, the presumed clinical signs can be used for earlier detection. It is reserved for those presented as surgical exploration, simultaneous cases and emergencies.**Key words:** Abdominal tuberculosis, antituberculosis treatment, right hemicolectomy, resection anastomosis**Corresponding author:****Dr.Zeeshan Ali Amjad,**

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INTRODUCTION:

Tuberculosis (TB) is an ancient disease globally and in developing countries it is quite common. Tuberculosis is a fatal disease that appears to be common in low and middle class populations. According to the WHO report, the incidence of tuberculosis in Pakistan is 181 cases per 100,000 people per year. Tuberculosis mortality is estimated to be 40 deaths per 100,000 inhabitants per year. In Pakistan, extra-pulmonary tuberculosis of the abdomen, as reported by Shukla, Guth and Horvath, is also common. Han's studies, Martineez Patel and Perezte have shown that the diagnosis of abdominal tuberculosis pre-operatively is a challenge to the doctor and creates great difficulties.

Abdominal TB can affect the peritoneum, gastrointestinal tract, liver, spleen, pancreas and mesenteric lymph nodes. The most common site affected is ileocecal region followed by colon and jejunum. The diagnosis of abdominal tuberculosis is often delayed and morbidity increases. Non-specific and protein clinical findings cause abdominal TB to be confused with other diseases. Therefore, there may be a diagnostic dilemma of abdominal TB due to less specific clinical presentations and less sensitive and non-specific research. We therefore decided to evaluate 26 different cases of abdominal tuberculosis to recognize different presentation modes.

MATERIALS AND METHODS:

This Prospective Study was held in the Surgical Department Unit I of Services Hospital, Lahore for

one year duration from July 2016 to July 2017. All patients with abdominal tuberculosis were selected for the analysis. The diagnosis was based on physical examination and medical history records. The investigations included ESR, blood CP, PCR and Montoux test, abdominal and Chest radiographs, barium meal and U / S are applied in selected cases for confirm diagnosis. Patients having positive symptoms of peritonitis or signs of obstruction were investigated. We observed the type of abdominal tuberculosis, the degree of the disease, the absence or presence of the ascites, the involvement of the lymph nodes, the affected bowel type, the number of stenosis, the number of punctures during the examination. Surgical interventions included resection of anastomosis, strictureplasty, adhesiolysis, ileostomy, primary repair of perforation and intestinal resection. In each case, the histopathological examination of the mesenteric lymph nodes or resected sample was done in patients undergoing surgery.

RESULTS:

26 patients, ten were men and women were sixteen who were selected for the study. The ratio of men and women is 5: 8. The age range was 14 to 67 years and 33 years was the mean age. Common symptoms include weight loss, abdominal pain, fever, vomiting, diarrhea, abdominal distension, abdominal tenderness (peritonitis), constipation and abdominal mass. In Table I, a detailed clinical presentation of selected cases is given.

Table I. Clinical presentation of abdominal tuberculosis

Signs/Symptoms	No. (n=26)	(%)
Abdominal Pain	23	88.4
Vomiting	20	76.9
Fever	22	84.6
Weight Loss	18	69.2
Diarrhoea	3	11.5
Constipation	2	7.6
Abdominal Tenderness	19	73.0
Ascites	7	26.9
Abdominal Mass	12	46.1
Peritonitis	8	30.7

In this study, anemia was detected in 24 patients (92.3%), monotomia reactive ESR was increased in 16 (61.5%) and 8 12 cases. Exudative type 7 patients had a study on ascites fluid. Barium feeding and follow-up were performed in 10 cases and 7 (70%) patients had lesions suggestive of TB. Laparoscopy was performed in 4 cases and in the diagnosis of tuberculosis. Chest X-ray showed six patients with pulmonary tuberculosis. 10 patients received tuberculosis chemotherapy followed by antituberculosis chemotherapy and 16 (61.5%) patients underwent surgical treatment. Table II shows the various surgical procedures performed.

Table II. Surgical procedure in operated cases

Surgical Procedure	No. (n=16)	(%)
Adhesiolysis + Biopsy	3	18.75
Resection Anastamosis	2	12.50
Strictureplasty	2	12.50
Loop Ileostomy	4	25.00
Closure of Perforation	3	18.75
Limited Right Hemicolectomy	2	12.50

Histopathological examination of resected intestines or mesenteric lymph nodes was done to confirm tuberculosis in 16 cases. Distal ileum was the most common site, followed by the jejunum and ileocecal region. Four of the 26 patients (15.38%) died. Three of them (75%) presented with emergency peritonitis and one (25%) militant tuberculosis.

DISCUSSION:

Clinical presentation information of abdominal tuberculosis shortens the duration of diagnosis and improves its management. Abdominal extrapulmonary tuberculosis is the most common site and the incidence increases. Abdominal tuberculosis is more common in women as shown in this study and other studies. This can be explained by the fact that women are more neglected and malnourished in our population. The incidence of associated pulmonary tuberculosis is variable. In our study, 23% of the study was conducted by Tariq on 230 patients. In this study, 84.6% of patients with abdominal tuberculosis had a weight loss of 69.2%, vomiting was 76.9%, 88.4% had abdominal pain, had fever and had 46 mass, right iliac fossa; 1. Ten patients were treated conservatively (62.5%). Sirca stated that 79% of the patients received conservative treatment and 21% of the patients required surgical intervention. The latter was the most affected (60%), followed by a 30% ileocecal union. This contrasts with other

studies showing the ileocecal region (39%) and terminal ileum (16%). In this study, mortality was 15.38% and Baluck was zero mortality. Lingen felsen mortality was 7.3% and Dandapat postoperative mortality was 6.4%.

CONCLUSION:

In patients with MDR, abdominal tuberculosis is revitalized. Since most surgical presentations are performed in emergency situations, intestinal TB patterns are changing. The next presentation is still a problem in our country.

REFERENCES:

1. Mir, Tariq A., Muneer A. Wani, Mir Nadeem, and Ajaz N. Koul. "COMPUTERISED TOMOGRAPHY VERSUS DIAGNOSTIC LAPAROSCOPY IN DIAGNOSIS OF ABDOMINAL TUBERCULOSIS." *INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH* 7, no.

- 1 (2018).
2. Chudy-Onwugaje, Kenekukwu, Fauzia Vandermeer, and Sandra Quezada. "Mimicking Abdominal Tuberculosis: Abdominal Abscess Caused by Lawsonella clevelandensis in Inflammatory Bowel Disease." *Clinical Gastroenterology and Hepatology* (2018).
3. Chien, K., J. Seemangal, J. Batt, and N. T. Vozoris. "Abdominal tuberculosis: a descriptive case series of the experience in a Canadian tuberculosis clinic." *The International Journal of Tuberculosis and Lung Disease* 22, no. 6 (2018): 681-685.
4. Zhu, Lin-bo, Yuan-yan Zhang, Jun-qiang Li, Peng-fei Li, Peng-bin Zhang, and Jia-wei Jin. "Treatment of an incarcerated inguinal hernia associated with abdominal tuberculosis in an adult patient." *Journal of International Medical Research* 46, no. 8 (2018): 3474-3479.
5. Bhala, N., Cooney, R., Critchlow, T., Ghosh, S., Glynn, P., Iacucci, M., Iqbal, T., Pathmakanthan, S., Sharma, N. and Shivaji, U., 2018. 4.10-P14 A 10-year review of abdominal tuberculosis in a single multi-ethnic secondary care population in the UK. *The European Journal of Public Health*, 28(suppl_1), pp.cky048-153.
6. Zheng, S., & Shafi, H. (2018). Pneumoperitoneum during treatment of abdominal tuberculosis in a Non-HIV patient: Natural progression or paradoxical worsening?. *International journal of mycobacteriology*, 7(1), 95.
7. Kaushik, S., Ranjan, A., Seth, S. and Sharma, S.M., 2018. Clinico-Pathological Profile and Treatment of Abdominal Tuberculosis-A One Year Experience in Rohilkhand Region. *National Journal of Integrated Research in Medicine*, 8(3), pp.30-35.
8. Indulkar, Shreeya Taresh, Manisha S. Khare, Vinaya B. Shah, and Archana L. Khade. "Squamous cell carcinoma arising in mature teratoma of the ovary masquerading as abdominal tuberculosis." *Journal of mid-life health* 9, no. 1 (2018): 44.
9. Mir, Tariq A., Mir Nadeem, Mir Waseem, Gh Hussain Mir, Muzaffar Mushtaq, and Sajad Ahmad Bhat. "COMPUTERISED TOMOGRAPHY IN THE DIAGNOSIS OF ABDOMINAL TUBERCULOSIS." *GLOBAL JOURNAL FOR RESEARCH ANALYSIS* 6, no. 12 (2018).
10. Poppe, M., Peng, K. and Arnold, D., 2018. Consumption Junction: A Case of Peritoneal Tuberculosis-induced Small Bowel Obstruction. *Clinical practice and cases in emergency medicine*, 2(1), p.51.
11. Mandavdhare, Harshal S., Ujjwal Gorski, Pankaj Gupta, and Vishal Sharma. "Pneumoperitoneum in treated abdominal tuberculosis: Not always paradoxical worsening." *International journal of mycobacteriology* 7, no. 2 (2018): 200.
12. Mandavdhare, H.S., Gorski, U., Gupta, P. and Sharma, V., 2018. Pneumoperitoneum in treated abdominal tuberculosis: Not always paradoxical worsening. *International journal of mycobacteriology*, 7(2), p.200.
13. Bevin, James MM, Simon C. Dalton, Chris J. Wakeman, and Will RG Perry. "Diagnosis of abdominal tuberculosis in Christchurch New Zealand: a case series." *The New Zealand Medical Journal (Online)* 131, no. 1473 (2018): 48-52.
14. Zein, U., Irwandi, S., Habib, H., Lim, H., Pasha, M., Janis, I., Saragih, R.H. and Ginting, Y., 2018, March. Prolonged fever in peritoneal tuberculosis: A case report. In *IOP Conference Series: Earth and Environmental Science* (Vol. 125, No. 1, p. 012081). IOP Publishing.
15. Gupta, Ranjana, Sharad Gupta, Puneet Mittal, and Amit Mittal. "Unusual presentation of diffusely infiltrative gastric carcinoma as abdominal cocoon in a young patient." *International Journal of Health & Allied Sciences* 7, no. 1 (2018): 61.
16. Prabhudesai, Rahul, Durga Lawande, Gautam Gondal, and Sanjivani Keny. "Primary hepatic tuberculosis masquerading as intrahepatic cholangiocarcinoma." *Indian Journal of Tuberculosis* (2018).
17. Pandit K, Khanal S, Bhatta S, Trotter AB. Anorectal tuberculosis as a chronic rectal mass mimicking rectal prolapse in a child-a case report. *Annals of Medicine and Surgery*. 2018 Sep 12.