



**A STUDY OF ABDOMINAL TUBERCULOSIS IN CASES OF ACUTE ABDOMEN**

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**ABSTRACT**

**Background:** Tuberculosis infection causes 7 million new cases and 2.5 million deaths in year, making it one of the top ten killer disease. Tuberculosis is a social disease with medical aspects, described as the barometer of social welfare.

**Methodology:** This study includes patients of acute abdomen admitted in department of surgery Patna medical college, Patna from September 2015 to august 2017. In this study total 220 cases of acute abdomen were included in this study, after thorough clinical examination, investigation will be done to confirm diagnosis, surgery will be done if indicated and tissue sample sent for histopathological examination.

**Result:** Incidence of tuberculosis in this study in cases of acute abdomen found to be 30%. Pain abdomen was most common presentation. Morbidity in this study was 12% and Hyperplastic type was most common histopathological type.

**Conclusion:** Acute abdomen is one of the most common presentation of abdominal tuberculosis. Thorough tissue diagnosis is essential for further evaluation and management of these cases. Surgery along with antituberculous treatment is the best way of management in these cases.

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**INTRODUCTION**

In our country intestinal tuberculosis is the single largest cause of intestinal obstruction. The precise prevalence of tuberculosis of abdomen has not been determined due to lac of survey in random samples of population. Primary tuberculosis of intestine without antecedent or associated pulmonary tuberculosis is fairly common. Abdominal tuberculosis represents the sixth most frequent form of extra pulmonary tuberculosis after lymphatic, genitourinary, bone and joint, miliary and meningeal tuberculosis [1-3]. Tuberculous bacteria reach the gastrointestinal tract via hematogenous spread, ingestion of infected sputum or contiguous spread from adjacent organs [1-9].

Perforation is a serious complication of abdominal tuberculosis associated with high morbidity and mortality [10]. The low incidence of tuberculosis perforation is due to a reactive fibrosis of the peritoneum [5,9,10], However, in recent years, intestinal perforation, which was relatively rare in past, has been reported most frequently. The role of surgery was both diagnostic and therapeutic in abdominal tuberculosis.

The present study was undertaken to document the presentation of abdominal tuberculosis in our study population, analyse the profile of patients, evaluate the various surgical treatment plan and generate an evidence base that may prompt measures to address the issue more efficiently.

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**Aims and Objectives**

This study was undertaken at Patna medical college and hospital Patna during September 2015 to august 2017 with aims and objectives of...

1. To study the various clinicopathological manifestations of abdominal tuberculosis.
2. To study the various surgical treatment modalities, their complications and their outcome in the management of abdominal tuberculosis.

**MATERIAL AND METHODS**

This study includes of patient of acute abdomen admitted in department of surgery of PMCH, Patna. Duration of period is two years from September 2015 to august 2017. 220 patients of acute abdomen included in this study, immunocompromised patients, patient with history of taking steroids since long term and patients who will not give proper consent will also excluded from study. The diagnosis of intestinal tuberculosis will be made on the basis of detailed history, physical examination, investigations and operative findings. No any invasive test or procedure has been done apart from routine investigations like HB, TLC, DLC, Creatinine, Chest XRAY Erect XRAY Abdomen USG Abdomen HPE.

**Obsevation**

A total 220 cases of acute abdomen studied in which 67 cases were of abdominal tuberculosis accounting for 30.90% of the total population of cases.

Table below shows distribution of patients according to diagnosis.

Diagnosis	Number	Percent
Perforation peritonitis	98	44.54
Subacute intestinal obstruction	84	38.18
Obstructive inguinal hernia	14	6.36
Appendicular lump	4	1.81
Sigmoid volvulus	8	3.63
Pyoperitoneum	10	4.54
Appendicular perforation	2	0.90
Total	220	100

Mode of presentation;

Mode of presentation among 67 cases of abdominal tuberculosis depicted below;

Mode of presentation	Number	Percentage
Perforation peritonitis	18	26.86
Subacute intestinal tuberculosis	36	53.73
Acute intestinal obstruction	5	8.20
Mass per abdomen	8	11.94

**Operative findings**

Operative finding	Number	Percent
Perforated ileum	28	41.79
Bowel adhesion	9	13.43
Appendicular mass	2	2.98
Multiple small bowel stricture	7	10.44
Plasterd abdomen	8	11.94
Pyoperitoneum	4	5.97
Enlarged mesentric lymphnodes	9	13.43
Total	67	100

**Histopathological diagnosis**

Site	Pathological diagnosis	Numbers	Percentage
Intestine	Hyperplastic	30	44.77
	ulcerative	18	26.86
	Ascitic	3	4.92
Peritoneal	Caseous	2	2.98
	Plastic	8	11.94
	Mixed		
Mesentric node	Nodal tuberculosis	6	8.95

**DISCUSSION AND RESULT**

In present study total 220 cases of acute abdomen were studied in which 67 cases found to be cases of abdominal tuberculosis and prevalence of abdominal tuberculosis in acute abdomen cases found to be 30%. In the present study in total 220 cases of acute abdomen 40 patients were BPL card holders and in 67 cases of abdominal tuberculosis 24 were BPL card holders. In this study of total 220 cases the age of the patients varies from 5 to 80 years, 45% cases were 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> decades of life. The mean age in the present study was 32.68 years. In the present study male to female ratio was 1.5:1.

The diagnosis of abdominal tuberculosis was made on the basis of detailed history, physical examination, investigation and operative findings. The most common presentation was abdominal pain present in 90% of cases, altered bowel habit in 86% of cases, vomiting in 47% and fever in 13% of cases. Abdominal tenderness was the most common sign in the present study was present in 56% of cases. The reason for surgery in most cases was either persistent pain with suspicion of tumoral lesion, intestinal obstruction, most commonly performed procedure was diversion loop ileostomy in 41% cases, segmental resection in 8% , primary repair in 2% cases, limited resection in 17% cases, ileoascending colostomy in 46% cases and in rest adhesionlysis done. In the present series operative morbidity was found to be 12%.Hyperplastic type was most common histological diagnosis found in 44.77% of cases, ulcerative 26.86%, ascetic 4.92% caseous,m 2.98% plastic 11.94% and nodal tuberculosis found in 8.95% of cases.

**CONCLUSION**

Abdominal tuberculosis is more prevalent in low socioeconomic status. Abdominal tuberculosis with an acute abdomen presents as an enormous challenge to the surgeon. While providing surgical care, the surgeon should collect sufficient pathological tissue for histopathology and microbiology to overcome the diagnostic dilemma.

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