



### **Abdominal Tuberculosis: Misleading Diagnosis**

<sup>1</sup>Dr Gopal Gadade, Department of Surgery, Indira Gandhi Government Medical College, Nagpur, Maharashtra, India

<sup>1</sup>Dr Mrinalini Borkar, Department of Surgery, Indira Gandhi Government Medical College, Nagpur, Maharashtra, India

<sup>1</sup>Dr Dhiraj Sagrulle, Department of Surgery, Indira Gandhi Government Medical College, Nagpur, Maharashtra, India

<sup>1</sup>Dr Arpit Deo, Department of Surgery, Indira Gandhi Government Medical College, Nagpur, Maharashtra, India

**Corresponding Author:** Dr Gopal Gadade, Department of Surgery, Indira Gandhi Government Medical Collage, Nagpur, Maharashtra, India

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### **Abstract**

Tuberculosis remains a worldwide public health concern.

Atypical extrapulmonary presentations may delay the diagnosis and treatment. We present the case of an adult woman admitted to the emergency department with bowel obstruction. Histopathological analysis showed a chronic granulomatous inflammatory disease with acid-fast bacilli. The patient was started on an alternative parenteral antituberculosis drug combination until oral feeding was available. Abdominal tuberculosis is the most frequent extrapulmonary site with a wide range of clinical presentations. Emergency laparotomy may be necessary in patients who present with acute abdomen. Bowel obstruction due to adhesions and strictures is not infrequent. However, tuberculous abdominal cocoon presentation as in our patient is rare. Treatment with parenteral alternative drug regimens for tuberculosis is mandatory until the oral route is available.

**Keywords:** Abdominal tuberculosis, acid-fast bacilli, Bowel obstruction.

### **Introduction**

Abdominal tuberculosis (TB) is defined as infection of the gastrointestinal tract, peritoneum, abdominal solid organs, and / or abdominal lymphatics with *Mycobacterium tuberculosis* [1]. Abdominal TB constitutes approximately 12% of extrapulmonary TB cases and 1 to 3% of total TB cases [1, 2]. Abdominal TB is one of the most common forms of extrapulmonary TB [3]. Abdominal TB is relatively rare, but it is recognized that abdominal TB is increasing in both developing and developed countries [4,5,6,7,8].

13-year female resident of Gadchiroli, Maharashtra came to emergency department with history of abdominal pain, multiple episodes of bilious vomiting and distention of abdomen for 15 days. Clinical examination shows tachycardia and abdominal distention with no other significant findings. Abdominal radiograph shows multiple air fluid levels. Exploratory laparotomy done which reveals multiple interbowel adhesions with multiple peritoneal nodules all over the bowels, mesentery, and omentum. Multiple biopsies taken from

peritoneal nodules and omentum. histopathological examination shows multiple caseating granulomas with evidence of epithelioid cells and langhans giant cells. After starting the AKT patient was improved and discharged.



Figure 1



Figure 2

Figure 1 And 2 Shows Multiple Peritoneal Nodules

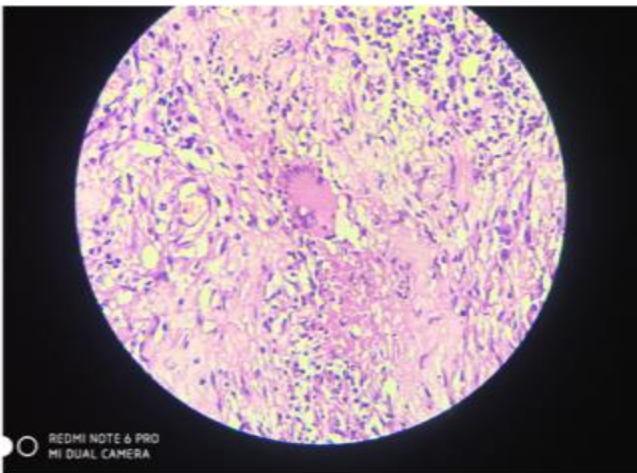


Figure 3: Langhans Type of Giant Cells

## References

1. Sheer TA, Coyle WJ. Gastrointestinal tuberculosis. *Curr Gastroenterol Rep.* 2003;5(4):273–8.
2. Farer LS, Lowell AM, Meador MP. Extrapulmonary tuberculosis in the United States. *Am J Epidemiol.* 1979;109(2):205–17.
3. Donoghue HD, Holton J. Intestinal tuberculosis. *Curr Opin Infect Dis.* 2009;22(5):490–6.
4. Lingenfelter T, Zak J, Marks IN, Steyn E, Halkett J, Price SK. Abdominal tuberculosis: still a potentially lethal disease. *Am J Gastroenterol.* 1993;88(5):744–50.
5. Marshall JB. Tuberculosis of the gastrointestinal tract and peritoneum. *Am J Gastroenterol.* 1993;88(7):989–99.
6. Park SH, Yang SK, Yang DH, Kim KJ, Yoon SM, Choe JW, et al. Prospective randomized trial of six-month versus nine-month therapy for intestinal tuberculosis. *Antimicrob Agents Chemother.* 2009;53(10):4167–71.
7. Ramesh J, Banait GS, Ormerod LP. Abdominal tuberculosis in a district general hospital: a retrospective review of 86 cases. *QJM.* 2008;101(3):189–95.
8. Mamo JP, Brij SO, Enoch DA. Abdominal tuberculosis: a retrospective review of cases presenting to a UK district hospital. *QJM.* 2013;106(4):347–54.