Abdominal Tuberculosis: Current Status

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Review Article

Abdominal Tuberculosis: Current Status

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Abstract

Abdominal tuberculosis continues to be reported from developing countries and re-surgence in western countries due to HIV infection and immigrant population. Isolates in India are only mycobacterium Tuberculosis. It can involve any part of GI tract however predominantly ileocaecal region.

Clinical diagnosis is correct only in 50% cases. Complications includes obstruction, perforation, malabsorption, fistulae and lower GI bleeding. Definitive diagnosis is by demonstrating characteristic granuloma or microbiologic proof. In absence of tissue diagnosis other procedures are helpful like strongly positive PPD, positive findings in Radiological and imaging techniques and positive ELISA test. Endoscopic procedures has been shown to be useful for the diagnosis (gross appearance and tissue diagnosis).

Peritoneal tuberculosis occurs in majority of cases in ascitic, form and uncommonly as fibroadhesive. Ascitic flud is exudative and cells are predominantly lymphocytic. Adenosine deaminase level of more than 36 U/L is quite specific for the diagnosis. Laparoscopy is helpful in doubtful cases.

Management with conventional antitubercular drugs are recommended at least for 6 months. Surgical procedures are mostly performed for associated complications.

Key words: Abdominal tuberculosis Gastrointestinal and peritoneal ELISA for tuberculosis (IgG, IgM and IgA) ColonoscopyAdenosine demainase (ADA) Laparoscopy

Reference:

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