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STUDY TO KNOW THE DIFFERENT MODES OF PRESENTATION OF ABDOMINAL TUBERCULOSIS

[*]Dr. Arha Sattar, [*]Dr. Amna Komal, [*]Dr. Ayman Asghar Ali
[*]Punjab Medical College, Faisalabad

Abstract:
Objective: *To evaluate the different forms of abdominal tuberculosis presentation in the surgical field and the results of various treatment methods.*
Study Design: *A prospective study.*
Duration and place: *In the Surgical Unit II of Allied Hospital, Faisalabad from July 2017 to July 2018.*
Patients and methods: *In the analysis, 100 patients were selected. The investigations included ESR, complete blood counts, chest X-ray, Mantoux test, and abdominal X-ray erection and in selective cases barium meal. After adequate resuscitation patients with peritonitis or acute abdomen were operated a conservative trial for at least 48 hours in acute intestinal obstruction patients. If the patient worsened clinically, conservative treatment was left in favor of surgery. All patients received standard antituberculosis treatment for the following 12 months. For definitive diagnosis, Samples were sent for histopathology.*
Results: *100 total patients were included in the analysis, 44 men and 56 women, 26 and 56 were in the age range of 34 years mean age. The most common presentation in 82% of cases was abdominal pain. A total of 83% of the patients were operated and Loop with ileostomy done in 64%. Postoperative complications were observed in 18% of the patients and wound infection was the most common complication in 47%.*
Conclusion: *The majority of subjects with abdominal tuberculosis was females and mostly was young. The surgical intervention was needed in most of the patients that produces sometimes mortality and obvious morbidity.*
Key words: *Abdominal tuberculosis, surgeon.*

Corresponding author:
[*]Dr. Arha Sattar,
[*]Punjab Medical College, Faisalabad

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INTRODUCTION:

Although abdominal tuberculosis is not common in the Western Hemisphere and other parts of the developed world, it is a very serious health issue in this Asia. Epidemiologically, its incidence does not appear very well in connection with poverty, ignorance, hygiene and a lack of malnutrition, all these factors abound in the Third World. Every year, 8 to 9 million cases are diagnosed worldwide, and this disease is attributed to 2 to 3 million years of death. The organism causing bowel tuberculosis is still mycobacterial tuberculosis. Their spread route to the intestines is due to the ingestion of ingestion of infected sputum, infected milk, spreading from neighboring affected organs or ingestion in a hematogenous way. The current increase in the tuberculosis incidence is contributed the patients with an increased number of HIV infections. Late diagnosis, insufficient dose of antituberculosis drugs causes multidrug-resistant disease, which is a problem for health care takers. This analysis is an attempt to revise the current state of tuberculosis on the surgical floor with the various strategies used to present and manage the results.

PATIENTS AND METHODS:

This prospective study was done in the Surgical Unit II of Allied Hospital, Faislabad from July 2017 to July 2018. In the study, all abdominal tuberculosis patients were selected. The diagnosis was rely on physical examination and history. The investigations included ESR, complete blood count, chest x-ray, Mantoux test, barium enema, x-ray abdomen and barium monitoring in selected patients. Patients with symptoms of peritonitis were supposed to have undergone bowel perforations and after proper resuscitation were operated. Similarly, acute intestinal obstruction presentation of patients leads to be operated if they did not respond well after least 48 hours a conservative trial. However, the examination had to be stopped much earlier than conservative if there was no proof of abdominal bloating, toxicity, tenderness, extended abdominal pain and rigidity etc. Increased presence or absence of lymph nodes, the ascites was ruled out. Procedures performed included intrathystroplasty, anastomosis resection, ileostomy, etc., according to intraoperative findings. For histopathology, collected samples were sent that helps in the final diagnosis. All cases received the full antituberculosis treatment for 1 year.

RESULTS:

In this study, total of 100 patients were selected, 44 were men and 56 women. 25 to 45 years was the age range. 25% of the patients were positive with Family history and only 7% of the patients were able to proven a positive history. If 85% of the patients had anemic studies, they revealed raised ESR in 78% of the patients.

Table 1: Presenting complaints for patients (n=100).

Presenting complaints	=n	%age
Abdominal pain	82	82%
Fever	80	80%
Altered bowel habits	70	70%
Nausea, vomiting	65	65%
Mass abdomen	10	10%

Opposite analysis suggestive of only 7% of cases was with raised ESR. There was no concomitant pulmonary tuberculosis proof in 13% of patients. The most common demonstration (82%) was abdominal pain, and peritonitis in (35%).

Table 2: Surgical procedures done (n=83).

Procedure	=n
Loop ileostomy	53(64%)
Stricturoplasty	17(20%)
Right hemicolectomy	9(10%)
Adhesionolysis	43(51%)

A total of 83 patients were operated. While eight patients received conservative trials, they had stable vital signs in subacute intestinal obstruction and presentation. Conservative management had to be stopped in favor of surgery, however, because of its static condition or clinical deterioration. The operation procedure was performed according to intraoperative situation and the most common procedure was the formation of ileostomy (64%). Postoperative complications developed in 17 patients. Wound infection is the most common postoperative complication (48%), followed by chest infections (42%).

Table 3: Post operative complications (n=83).

Complication	=n	%age
Wound infection	39	47%
Chest infections	34	41%
Abdominal dehiscence	3	4%

DISCUSSION:

This disease mainly affects the young age group because the median age of the patients in our study is 35 and the mostly are women. Women's predisposition to this disease is due to their disadvantaged and downward social positions, leading to malnutrition. Many local and international studies support these results. The associated pulmonary tuberculosis incidence was lower than we supposed in our analysis (13%). Tarık et al. And R Sheikh et al reported this relationship in 24% and 22% of cases, respectively. Ramesh Kumar et al reported an incidence of associated pulmonary tuberculosis at a rate of 8%. In our study, 84% of the patients required surgical intervention close to the figures given in the study by Shabana Jamal et al. (96%) but they did not participate in the results reported by R Sheikh et al.). Sircar et al. reported a surgical intervention in 22% of the cases. We found 57% of patients with peritonitis in intraoperative findings show intestinal perforation, Shabana et al reported a higher incidence (67.92%). However, in some other studies, constrictions were quite common in abdominal opening. Postoperative complications were reported in 21% of our patients and 47% of them were the most common complication of wound infection. Shabana Jamal and colleagues reported 50% of the incidence of wound infection in 13% of patients with postoperative complications. Abdominal pain (82%) was the most common symptom in our study, followed by fever (81%) and altered bowel habits (74%). R Sheikh et al. Reported almost similar findings, except for only 10% of these cases, in 41% of the patients who had a mass in the right iliac fossa. In our study, hospital mortality was 5% and all patients were found to be open peritonitis. Shabana Jamal et al. (4%) reported similar results, but R Sheikh reported 15%, and R Kumar et al. Reported hospital mortality of 8%.

CONCLUSION:

Abdominal tuberculosis is the most common health problem occurring in many different ways both on the surgical floor and the doctor. The presentation on the surgical ground has remained unchanged for the last ten years and the management strategies used are not different from those advocated in the past. The morbidity and mortality rates of the patients are quite high when the problems that require surgical solutions arise.

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