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Content

CASE REPORT

Ileocecal Tuberculosis Presented As Acute Appendicitis: A Case Report

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Abstract

Primary intestinal tuberculosis is a rare variety of tuberculosis. Prognosis of intestinal tuberculosis with anti-tubercular drugs is highly effective, but sometime surgery may be needed for complicated cases. Like this 60-year-old lady presented with acute appendicitis eventually diagnosed as ileocecal tuberculosis during surgery. The patient later treated with anti-tubercular therapy and responded with the treatment very well.

Introduction:

World Health Organization's surveillance and survey data estimates that 9.27 million new cases of tuberculosis occurred in 2007[2]**.** Primary intestinal tuberculosis is a rare variety of tuberculosis. Prognosis of intestinal tuberculosis with anti-tubercular drugs is highly effective, but sometime surgery may be needed for complicated cases. Nowadays intestinal tuberculosis are in western countries and sporadic cases are present in internationally[2]. However there are still considerable diagnostic challenges present especially in the absence of pulmonary tuberculosis. As intestinal tuberculosis mimics other abdominal diseases, as Crohn's disease[3], intestinal obstruction[3], appendicitis[5] etc it is important to consider intestinal tuberculosis in differential diagnosis of abdominal cases. In this case report, the initial diagnosis was acute appendicitis though the case was primary ileocecal tuberculosis.

Case Presentation

A 60-year-old Bangladesh female admitted with the complaint of pain in the lower right quadrant of abdomen associated with anorexia and weight loss for 1 month. Physical examination revealed anemia, ill-health, tenderness and rigidity in the right ileac fossa. Laboratory investigation showed Total count of WBC 14000/mm^3 of blood, neutrophil 80%, ESR 70 mm at 1st hour. Ultrasonographic report and urinalysis was normal. With this we initially suspected as a case of acute appendicitis. And according to plan we performed surgery for appendicitis.

During surgery we found that the appendix was normal, and then we explored the abdomen and found that terminal ileum (about 10cm) appeared unhealthy,thick walled with multiple red spots and multiple mesenteric lymph nodes were enlarged. One lymph node was excised and taken for histopathological examination. The histopathological report showed granulomatous inflammation consistent with intestinal tuberculosis. After receiving the histopathological report we immediately started the anti-tubercular therapy and discharge the patient after 10 days of operation. The patient was asked to come for post-operative follow-up after 7 days and for regular follow-up after one month. On her follow-up visit at one months, she was found improved with the anti-tubercular treatment, she started gaining weight, there was no complains of pain and anorexia any more.

Discussion

Tuberculosis can affect any part of the intestine. However, some areas are more prone to involvement than others. The ileum and ileocecal region are most commonly involved, followed by the colon[1]. In colonic involvement the cecum and ascending colon are most commonly affected, followed in order by the transverse and descending colon[1]. Ileocecal TB counts about 55-85%[1]. Clinical presentation of gastrointestinal tuberculosis varies in many way and depends on the involving part of the intestine. One case report showed cecal obstruction due to primary intestinal tuberculosis and the author reported two similar cases[2]. In another case report showed an Iraqi male suspected as Crohn's Disease or neoplasm but during laparotomy it was revealed as intestinal obstruction due to TB[3]. In rare cases intestinal tuberculosis also may be presented as isolated appedicular tuberculosis presenting as peritonitis[4] and appendicular tuberculosis presented as acute appedicitis[5]. In our case it was a ileocecal tuberculosis but presented as acute appendicitis.

Prognosis:

The prognosis of gastrointestinal tuberculosis usually very good and can be cured with proper anti-tubercular drugs.

Conclusion:

Gastrointestinal tuberculosis still appears and sometime 6-90% of pulmonary tuberculosis might have enteric involvement[1]. Commonest site of enteric involvement is ileum and ileocecal region. The enteric TB should be considered in the differential diagnosis along with other conditions of intestine.

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