



**\* S U M M A R Y   &   C O N C L U S I O N \***  
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A prospective study was carried out on 41 patients of chronic pain in Abdomen who are admitted in wards of M.L.S. Medical College, Hospital, Jhansi out of these 41 patients 12 (30%) turned out to be cases of Abdominal tuberculosis. Rest of these cases includes other causes of chronic Abdominal pain. In our study out of these twelve cases of abdominal tuberculosis 5 (46.6%) males and seven (58.4%) were females.

In the present study maximum incidence of the abdominal tuberculosis was reported in age group of 20-30 years and that is five cases (41.6%).

The duration of symptoms is one months to six months in 9 cases (75%). In this present study it is evident that symptoms like evening rise of temperature, general weakness, loss of appetite, and loss of weight are common (95-100%). Pain in abdomen is most consistent finding in present study (100%).

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Vague generalized abdominal Pain was present in seven cases (58%) and in four (34%) it was of colicky in nature. Four patients (34%) of our study series were complaining nausea and vomiting.

Nine cases (75%) were complaining of alternate diarrhoea and constipation, two cases (17%) had constipation and diarrhoea was noticed in one case (8%).

Incidence of distension of abdomen was present in 25% in our study. Ascitis was present in 2 cases (17%).

Lump in right iliac fossa was present in one case (8%), and in umbilical region one case (8%) and in epigastrium one case (8%).

E.S.R. was raised in all cases (100%) which Leucocytosis and lymphocytosis were present in 34% and 42% cases respectively.

Ten cases (84%) showed Pulmonary tubercular

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infiltration on X-ray chest. On Barium meal follow through which was done in five cases of our series 3 (60%) showed narrowing of ileocaecal junction.

Diagnosis of Abdominal tuberculosis was confirmed by histopathological examination in all cases (100%). Patient who had exploratory Laparotomy, had tubercles all over serosal surface of intestine in 3 cases (25%), strictures of ileum and at ileocaecal junction were reported in 44% cases. Rest of our series cases showed massive adhesions, ileocaecal lump, jumbled up omentum and enlarged lymph nodes.

In this series five types of abdominal tuberculosis was seen. This include adhesive peritonitis (34%). Ascitic peritonitis (17%), mesenteric lymphadenitis (17%), hypertrophic ileocaecal tuberculosis (25%) in ulcerative tuberculosis 8% .

In the present study now we can concluded that incidence of abdominal tuberculosis in patient complaining chronic pain in abdomen is fairly high i.e.

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about 30% . So this disease continues to be one of the most public health problems in Bundelkhand region. Therefore, it is of utmost importance that strict surveillance for this disease among the patients having chronic Pain in abdomen is necessary. So we can find out the cases effectively and early and provide them adequate treatment to overcome hazards of this crippling disease.

