

I N T R O D U C T I O N

The correct interpretation of chronic abdominal pain is one of the challenging demands for the clinician. Since proper therapy often requires a thorough understanding of the subject.

The diagnosis of chronic surgical abdomen so often heard in surgical wards is not an acceptable one because of its often misleading & erroneous connotation. Most obvious of "Chronic abdomen" may not require operative interpretation. Any patient with abdominal pain of long duration requires early and thorough evaluation with specific attempts and accurate diagnosis.

Abdominal tuberculosis is the major contributory factor causing chronic abdomen in India. Among all the infectious diseases that have plagued men, tuberculosis has, probably, been responsible for the greatest morbidity and mortality. It has apparently plagued man ever since human beings emerged as a species on this planet.

John Hunter, said in one of his lectures that, "Tubercles may be classed under the head of spurious tumors; They are most frequent in visceras. They are mostly of lymphatic kind and are often formed in lungs of people and may grow to considerable size. They are often, on and in the liver, the spleen, coats of intestine, the peritoneum and sometimes on the epiplon".

Ever since Hippocrates propounded the aphorism that "Diarrhoea attacking a person affected with phthisis is a mortal symptom", Tuberculosis of alimentary tract has been well known as one of the terminal phenomenon of pulmonary tuberculosis.

Abdominal tuberculosis is widely regarded as being rare disease in Western Europe and North America. In the Indian subcontinent, it remains a constant disease. This is an acute and chronic communicable disease caused by "Mycobacterium Tuberculosis" which primarily involves the lungs but may effect any organ or tissue in the body. Wherever the Mycobacterial localise, they evoke distinct focal inflammatory reaction known as granulomas.

Tuberculosis is regarded as the single most communicable disease in the world, Global in distribution. It is estimated that at present 50 million, People have or recently have had the disease and many times, the numbers have been infected tubercle bacillus. Many factors contributes to the predisposition to this disease. Tuberculosis flourishes where there is poverty, malnourishment. Poor living conditions and lack of adequate medical care. Undoubtedly the incidence of tuberculosis in any community is a reflection of its socioeconomic and housing standard, with improvement in Public Health, B.C.G. vaccination and antibiotic treatment of tuberculosis, secondary intestinal tuberculosis is expected to become less frequent. In spite of this secondary abdominal tuberculosis remains a common problem in India.

Pathogenesis of tuberculosis involves four considerations.

- Virulence of Mycobacterium tuberculosis.
- The role of induced Hypersensitivity.
- Role of immunity and resistance.
- Genesis of granulomatous pattern of reaction so characteristic.

(But not necessarily diagnostic of tuberculosis)

Abdominal tuberculosis may present as-

- Intestinal tuberculosis.
- Tubercular mesenteric lymphadenitis.
- Pseudo mesenteric cyst.
- Tubercular peritonitis either plastic or ascitic form.

Intestinal tuberculosis may be contracted as a primary infection from ingestion of milk infected with bovine tuberculosis or as a secondary spread of Pulmonary tubercles following the swallowing of infected material cough from the lungs, the infection becomes in ileum where the abundant lymphoid tissue troops the organism.

The peritoneum may be implanted with tubercle bacilli when they spread by any of at least four routes.

- Through the wall of infected intestine.
- From a mesenteric lymph node.
- From an infected fallopian tube, or
- From haematogenous seeding in course of disseminated tuberculosis.

As the abdominal tuberculosis is still a very common problem associated with chronic abdomen, with varied presentation in "Bundelkhand Region" and we are getting lots of the cases, so it was decided to find out the incidence of abdominal tuberculosis with its various presentations in cases of "Chronic Abdomen".

Bundelkhand Region is a poverty stricken area, and due to illiteracy, Poor hygienic conditions, Poor status of living, over crowding and Mal nutrition there is greater incidence of abdominal tuberculosis in this area.

