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Tuberculosis, a world wide malady, has been posing a great threat, specially in the developing countries, since long. In India, this disease continues to be one of the most important public health problem. Among the extra pulmonary tuberculosis, abdominal tuberculosis is a common medical and surgical disease.

In spite of drug therapy and improved hygiene abdominal tuberculosis remains, a significant cause of morbidity and mortality. Prior to the advent of anti-tuberculous drugs, at least 70% of patients with far advanced pulmonary tuberculosis, had tuberculous enteritis.

Despite the frequency with which, the surgeon encounters tuberculosis of abdomen, very little has appeared in the surgical literature on this condition.

The present study has been conducted to find out the incidence of Abdominal tuberculosis in Patients having chronic pain in abdomen, different presentations,
methods of investigations and management of this common conditions.

This study comprises of 41 forty one patients; out of these 12 turned out to be cases of abdominal tuberculosis and out of rest of these cases, 9 turned out to be cases of chronic appendicitis and 6 cases of chronic cholecystitis, 13 cases belonging to partial intestinal obstruction and one patient have Crohn's disease.

Rest of study comprises of 12 cases of Abdominal tuberculosis.

In this study the male and female ratio was (5:7) 5 male and seven female patients consisted the whole group of patients. In studies carried out the world, it is reported that abdominal tuberculosis is more common in female patients than in males. In Britain male and female ratio is 1:2.5) and in America it is (1:1.3). In our country this sex ration varies from (1:2.6) to (1:3.4).

In India, the commonest age group affected is 20-30 years, observations in present study show the
same data i.e. five cases (41.6%) out of 12, were in age group of 20-30 years. In western countries, the most common age group, affected by abdominal tuberculosis, is 40 years. In this study the mean age group is 28.75 years. This mean age is comparable to the mean age reported in developed countries i.e. 63 years.

The duration of symptoms before attending hospital varies considerably and this reflects the incidious nature of abdominal tuberculosis. Duration of symptoms is one month to six months in 8 cases (75%) cases. This duration is the same as reported in Britain. In U.S.A. This is three years and in our country, reported duration of symptoms is one year.

As the disease affects whole body, general symptoms, like evening rise of temperature, general weakness, loss of appetite and loss of weight, are common. In this present study, it is evident that, these symptoms are quite common (95-100%). These observations are quite different to the observations reported by different authors in India and in developed countries as well. In India the reported incidence of these symptoms is 35 to 45.6% and in developed
countries they vary from 25 to 75%.

Pain in abdomen is the most consistent finding in the present study (100%). In western countries reported incidence of pain in abdomen is 77% and in our country, Das and Khan reported it in 94% and 81.8% respectively. Analysis of character of pain reveals that in 7 cases (58%). Pain was of vague type and in 4 cases (34%), it was colicky and in one case (8%) it was of gripping in nature.

Nausea and Vomiting were non-specific symptoms and more frequent in obstructive lesions. Patients with ascitis had the lowest incidence of vomiting (17%). In present study Nausea and vomiting was complained by 4 cases (34%) patients. In our country the incidence of vomiting is 40.9% and 69.6%, respectively and in western countries, incidence of vomiting varies from 48.3% to 81% and that of Nausea is 51.7%.

Change in bowel habit is usual occurrence in Abdominal tuberculosis. In the present study all cases (100%) had this complaint, in the form of alternate diarrhoea and constipation in 9 cases (75%)
constipation in 2 cases (17%) and diarrhoea in 1 case (8%). In our country, the incidence of these symptoms is 4.5 to 11.0% (diarrhoea), 46.7% (constipation) and 9.8% alternate diarrhoea & constipation.

Incidence of distension of abdomen, in present study was 25%. This is common feature of obstructive variety and in ascitic tubercular peritonitis. Various authors from India reported its incidence 22.4% and in western countries 45.0%.

Table VIII shows that in all the cases (100%) tenderness in abdomen was a constant feature. This sign is due to involvement of Parietal peritonium, inflammation of intestine, Intestinal obstruction and mesenteric lymphadenitis. In our country this sign is the most frequent signs of ascitis was present only in two cases (17%) in this series. In western countries, its incidence is 21% and in our country 18.6 to 27.27%.

Table VII depicts that lump in right iliac fossa was present in 1 cases (8%), in umblical region 1 case (8%) and in epigastrium in one case (8%). This
is comparable with the reports from western countries which show that the incidence of lump in abdomen is 26 to 65%. 16% having lump in right iliac fossa, 6.4% in umbilical region and in 3.2% in left iliac region. In India various reports show that lump in abdomen is in 28.6% to 59.0% cases.

From table XI, it is evident that erythrocyte sedimentation rate (E.S.R.) was raised in all the cases (100%); whereas leucocytosis (More than 11000 cells/mm³) and lymphocytosis (more than 42%) was present in 34% and 42% cases respectively. These haematological findings from western countries but almost similar to the reports from our country. These blood studies are non-specific and proved disappointing in diagnosis of abdominal tuberculosis incidence of raised E.S.R. varies from 25% to 92.5%. In our country incidence of raised E.S.R. is 92.9%. Leucocytosis was reported to be 14% to 43.8% . Marked lymphocytosis is reported by Kaufman and Donovan. In contrast to this Das reported low lymphocyte count, in 14.7% cases.

Present study shows that X-ray chest was done in all cases of abdominal tuberculosis and 10 cases (84%). Showed pulmonary tubercular infiltration. This observation is different from the views of different
authors in our country who reported that 6% to (50%) cases of abdominal tuberculosis were associated with pulmonary tuberculosis.

Barium meal follow through for ileo-caecal junction was done in 5 cases and 3 cases (60%) showed of narrowing of ileo-caecal junction Das reported a series which showed that barium meal was done in 38 cases, in 15 cases there was no significant finding in (34%) cases, areas of small bowel obstruction and dilatation were seen, in one case there was pyloric stenosis and in 3 cases dilatation of first, second and third part of duodenum was seen where as there was filling defect of caecum in five cases. Singh et al, showed increased intestinal mortality and dilatation of segments of small bowel in 51% cases of tubercular peritonitis.

From table XIII it is evident that diagnosis of abdominal tuberculosis was confirmed by histopathological examination in 9 cases (75%), cases who had Exploratory Laparotomy, had patches of tubercles, all over the serosal surface, of intestines in 3 cases (25%), strictures in ileum and ileo-caecal junction in cases (84%) and in other cases various findings were massive adhesions, ileo-caecal mass, jumbled up omentum and enlarged lymph nodes. These findings are
compared with the findings of Andreas et al, that showed the most common finding at operation were tubercles over the abdominal contents in 12 patients out of 28 cases ileo-caecal mass in 5, lymphadenopathy in 6, ascitis in 3, adhesions in 3 and oedematous bowel.

In the present series table XIV shows that right hemicolectomy and by-pass operations were done in 2 cases each, this finding is comparable with that of Amand and Homan et al, in rest of the cases exploratory laparotomy, different procedures like lysis of adhesions, opening and closing of Peritoneal cavity, biopsy of Peritoneum and mesenteric lymph nodes and appendicectomy was done. These observations are compared with that of Homan et al.

Table XV shows that five types of abdominal tuberculosis were seen in the cases studied in this series. These include adhesive peritonitis (34%), ascitic peritonitis (17%), mesenteric lymphadenitis (17%), hypertrophic ileo-caecal tuberculosis (25%) and ulcerative tuberculosis (8%). These types are similar to those studied by different authors.