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ANSWERS TO MEDICAL QUIZ

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A 1. The differential diagnosis includes tuberculosis, Crohn's disease, amoebiasis, appendicular mass, neoplastic conditions including carcinoma (primary or metastatic) and lymphoma. Other less common conditions include chronic psoas abscess, peritoneal and retroperitoneal lesions.

A 2. Epitheloid granulomas with Langhan's giant cell reaction and peripheral collar of lymphocytes. Some granulomata may contain central zone of caseous necrosis. The ZN stain is positive for AFB.

A 3. Ileocaecal tuberculosis.

DISCUSSION

Intestinal tuberculosis (TB) can be either primary or secondary. The terminal ileum and ileocaecum are the commonest sites in majority of cases. The disease is still prevalent in many developing countries but its incidence is increasing in other countries in view of the global spread of AIDS. The disease may remain quiescent for years, becoming reactivated later when the host defense mechanism is suppressed because of old age, poor nutrition, diabetes, alcoholism, use of corticosteroids and immunosuppressive drugs. Clinically, in about one third of patients, chronic course is interrupted by acute intestinal obstruction as in this case. The clinical and gross morphologic manifestations of this disease is variable and can mimic many other diseases particularly carcinoma and Crohn's disease. In ileocaecal TB, gross appearance of tubular narrowing, longitudinal furrowing and cobblestoned mucosal pattern usually leads to extreme difficulties in it's distinction from Crohn's disease[1]. Microscopically, the detection of confluent variable-sized granulomas with or without caseous necrosis and the positive demonstration of the causative Mycobacterium tuberculosis on ZN staining or detection by PCR technology establish the diagnosis in majority of cases. Thus, a high index of suspicion is required while investigating such patients from developing countries in Asia and Africa. Flexible colonoscopy, now being increasingly used, can easily achieve the histological diagnosis of TB[2,3].

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The treatment of intestinal TB is by antitubercular therapy with follow up to avoid recurrence. Surgery in the form of limited segmental resection is indicated in colonic TB only if the diagnosis is in doubt to rule out carcinoma or if there is obstruction or perforation.

REFERENCES

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