

## GUT TUTORIAL.....

### Crohn's or abdominal tuberculosis?

A middle-ranking diplomat aged 29 presents with a four week history of lower abdominal pain and diarrhoea. The pain is described as moderate and is generally relieved by defaecation. The diarrhoea is free of blood but half of the stools are liquid; there is now a total stool frequency of eight times in 24 hours, which wakes him from sleep on most nights. He suspects that he has lost weight but has no scales at home, and night sweats have raised the possibility that he has also had intermittent pyrexia. He had not had problems with his joints, skin, or eyes, but felt himself to be in a poor state overall.

He had previously been well but had been posted for three month periods both to Thailand and to Washington during the previous nine months. As a child he had lived in Delhi with his parents who were also in the diplomatic service. There had been some minor problems before his trip to Thailand as the occupational health service had been unable to establish his tuberculin status with confidence. The Heaf test was weakly positive but the patient did not remember ever receiving BCG vaccination. A chest radiograph was normal.

He admitted to smoking cannabis on a regular basis and drank approximately 24 units of alcohol each week. There was no other history apart from tonsillectomy at age 7 years. His mother has a mild form of relapsing multiple sclerosis.

This case is designed first to explore the differential diagnosis between Crohn's disease and abdominal tuberculosis. It is intended that the participating doctor should be re-familiarised with the older diagnostic tools and methods,

and be brought up to date with newer thoughts and approaches. As the case is worked through, the diagnosis becomes clear and the participant can then explore the various different management strategies now available in the various clinical contexts that the case presents.

After working through the tutorial you should be familiar with the above diagnostic and management aspects including:

- Methodology for establishing a differential diagnosis for chronic abdominal symptomatology of probable organic nature
- Immediate management plans for the condition once diagnosed
- More subtle aspects of initial and short term management
- Longer term issues that arise from treatment and its (potential) complications

This tutorial is hosted on BMJ Learning - the best available learning website for medical professionals from The BMJ Group.

To access the tutorial, please use **[Take this module on BMJ Learning]** link from the online article content box or table of contents.

**A Forbes**

St Mark's Hospital and Academic Institute, Watford Road, Harrow HA1 3UJ, UK; alastair.forbes@ic.ac.uk