INTRODUCTION

Despite recent improvements in medical treatments, the incidence of abdominal tuberculosis (ATB) in the United Kingdom has increased over the past two decades. This case series examined the difficulties encountered in correctly diagnosing this infection.

METHODS

A retrospective study was undertaken, reviewing the records of 36 patients diagnosed with ATB from 2000 to 2012 at a district general hospital in outer East London.

RESULTS

The commonest presenting feature was abdominal pain in 67% of patients, and the most common sites of infection were the iilocaecal junction and peritoneum, seen in 36.1% and 33.3% respectively. Six patients were initially investigated for Crohn’s disease and one for ileitis. The highest disease prevalence was seen in patients born in India and Pakistan, which was 27.8% and 19.4% of patients respectively.

Colonoscopy was performed in nine patients, and three of these reported normal findings. The other six reported visible non-specific inflammatory changes. Three patients had abdominal X-rays reported and one patient had an abdominal ultrasound, all of which were normal. An abdominal computerised tomography (CT) scan was performed in 26 patients and a chest CT was undertaken in 19 patients. Varying degrees of inflammatory changes were seen in all of the patients who had CT scans. Microbiological culture was positive for Mycobacterium tuberculosis or acid-fast bacilli in 71% of patients.

CONCLUSION

Abdominal tuberculosis can be very difficult to diagnose as symptoms are non-specific and can mimic other types of granulomatous inflammatory bowel diseases. Radiology appears largely unhelpful due to the non-specificity of any positive imaging findings, and there is a lack of diagnostic procedural and microbiological tests with high specificity and sensitivity. In view of the increasing incidence of tuberculosis in the United Kingdom, there should be a high index of suspicion for ATB in individuals from high-incidence countries who present with non-specific abdominal symptoms.

REFERENCES


National Institute for Health and Clinical Excellence Tuberculosis. Clinical diagnosis and management of tuberculosis, and measures for its prevention and control. NICE clinical guideline 2011:177

Disclosure of Interest None Declared.