Hypertrophic Cecal Tuberculosis: A Case Report

Marc Ryan Pacqua*. De La Salle University Medical Center, Philippines

IDDF2020-ABS-0042

Background Gastrointestinal tuberculosis (GITB) remains to be a major health problem in developing countries and results in significant morbidity and mortality. It can present with diagnostic challenges, and a high index of suspicion should be considered specifically in endemic regions. Clinical, radiographic, endoscopic, and histopathologic findings complement one another in establishing the diagnosis. It may involve any part of the gastrointestinal tract. Isolated colonic tuberculosis is less common. The hypertrophic type resembles an inflammatory mass that mimics malignant neoplasm, which can cause intestinal obstruction. It is important to recognize GITB early to prevent complications and the possible need for surgery. We report a hypertrophic type of isolated cecal tuberculosis mimicking colonic malignancy.

Methods A 56y/o male with chronic renal insufficiency presented with intermittent, colicky abdominal pain associated with changes in bowel movement and weight loss. He presented with fever, a slightly distended abdomen with hyperactive bowel sounds.

Results Complete blood count revealed anemia (Hgb 9.9 g/dL), leukocytosis (17.3×10⁹/L) and elevated serum creatinine (1166 umol/L). Abdominal CT scan showed ascending colon wall thickening with associated pericolic fat stranding and luminal narrowing. Colonoscopy showed a large mass at the cecum near the ileocecal valve.

Histopathology showed chronic granulomatous inflammation with Langhans giant cells and necrosis consistent with cecal tuberculosis.

Anti-TB treatment for category 1 extra-pulmonary TB consists of two (2) months of isoniazid, rifampicin, pyrazinamide, and ethambutol (2HRZE) as intensive phase followed by four (4) months of isoniazid and rifampicin (4HR) as continuation phase.

Conclusions Differential diagnosis of gastrointestinal TB should always be considered in colonic masses producing obstruction among patients in TB-endemic countries. (Figure 1).

Abstract IDDF2020-ABS-0043 Figure 1 Cecal mass almost completely obstructing the lumen
TO EVALUATE THE FEASIBILITY AND EFFICACY OF NON-RADIOLOGICAL TEST TO DETECT POST OPERATIVE LEAK AFTER BARIATRIC SURGERY

Nikhil Gupta*, Shubham Goel, Arun K Gupta, ASN Rao. ABVIMS Dr RML Hospital, India

Background Gastrograffin study under fluoroscopic guidance is a norm after sleeve gastrectomy in most of the bariatric centres to detect the post operative leak. Shifting the patient to fluoroscopic room on post operative day one and radiation exposure are major concerns associated with this protocol. A lot of studies are available to prove the efficacy of bed side oral methylene blue test to detect anastomotic leak after esophagojejunal anastomosis. We used the same principle in our bariatric patients.

Methods This prospective, interventional study was conducted on 23 patients undergoing sleeve gastrectomy for morbid obesity at our institution.

Results All patients were haemodynamically stable on post operative day-1. There was no evidence of methylene blue in the drain in any of the patients. All patients were started oral liquids after the test.

Conclusions Routine gastrograffin study under fluoroscopic guidance in the post operative period to detect leak following sleeve gastrectomy is a cumbersome procedure and can be avoided. Oral bed side Methylene blue test is a good alternative.

CLINICAL SIGNIFICANCE OF INTRA-ABDOMINAL PRESSURE MEASUREMENT IN PATIENTS WITH ACUTE ABDOMEN REQUIRING EXPLORATORY LAPAROTOMY

Binita Goswami*, Sumit Pathania, Arun K Gupta, Nikhil Gupta. Maulana Azad Medical College, Delhi, India; ABVIMS Dr RML Hospital, India

Background Intra-abdominal Hypertension (IAH) has been identified as a significant risk factor for morbidity and mortality. Our study was done to monitor intra-abdominal pressure (IAP) in patients with acute abdomen requiring exploratory laparotomy and to determine its effect on multiple organs by measuring SOFA score and its effect on the outcome of patients.

Methods It was an observational study in which IAP was measured pre and post-operatively by inserting a catheter in the urinary bladder using manometer 6 hourly in patients of acute abdomen requiring exploratory laparotomy.

Results Of 60 patients 23 (38%) had IAP (mean) and 24 (40%) had IAP (max) more than 12 mmHg. Patients with intestinal obstruction and intestinal perforation with peritonitis had an incidence of raised IAP. There was an increase in hospital stay in patients with IAH, and this was statistically significant (p<0.05). There was positive correlation coefficient relationship between IAP (mean) and (max) with hospital stay r IAP (mean) = 0.4757 and r IAP(max) = 0.4893. Elevated IAP affects all organs, but cardiovascular, renal and respiratory systems were more prone to failure, and there was a positive correlation between IAP and organ failure.

Conclusions IAP should be routinely measured in patients of acute abdomen requiring exploratory laparotomy. Patients with raised IAP preoperatively should be taken up for emergency surgery as soon as possible for a better outcome before deleterious effects of raised IAP on various organ system set in.

STUDY ON THE CHANGES OF COAGULATION INDEXES IN PATIENTS WITH CROHN’S DISEASE

Yi Yu*. Department of Critical Care Medicine, The Second Affiliated Hospital of Guangzhou University of Chinese Medicine, China

Background Thromboembolism is a life-threatening complication of Crohn’s disease (CD). CD patients were four times more likely to develop thromboembolism than healthy people, its relative risk increased to 15 times during the active period of disease. To investigate the association between the changes of coagulation indexes in patients with CD.

Methods The clinical data of 78 CD patients who diagnosed for the first time (CD group) and 75 health checkup (control group) from June 2010 to July 2018 in the MIMIC-III database were analyzed retrospectively. The coagulation indexes of the two groups and those of patients with different activity in the CD group were compared, the correlation between coagulation indexes and Crohn’s disease activity index (CDAI) scores of Crohn’s disease were analyzed.

Results The levels of fibrinogen, platelet count and PT in the CD group were significantly higher than those in the healthy control group (P<0.05). The levels of fibrinogen, FDP, and APTT in patients with remission stage were significantly lower than those in patients with moderate activity stage (P<0.05). Pearson linear correlation analysis showed that fibrinogen, platelet count, FDP and APTT were positively correlated with CDAI (P<0.05).

Conclusions The coagulation indexes of CD patients are significantly higher than those of normal people, and fibrinogen, platelet count, FDP and APTT are closely related to the activity of Crohn’s disease.

APPLICATION OF NUTRITIONAL RISK SCREENING AND BMI IN NUTRITIONAL ASSESSMENT OF PATIENTS WITH CROHN’S DISEASE

Yi Yu*. Department of Critical Care Medicine, The Second Affiliated Hospital of Guangzhou University of Chinese Medicine, China

Background To investigate the association between the nutritional risk screening (NRS-2002) and body mass index (BMI) were used to assess the nutritional status of patients with Crohn’s disease.

Methods 134 patients with Crohn’s disease admitted to the First Affiliated Hospital of Sun Yat-sen University from June