Abdominal TB, Iliostomy is a Safer Option

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A prospective study of 50(100%) cases, 34(68%) males and 16(32%) females is presented. All were having abdominal TB and were presented in surgical emergency of a teaching hospital. Age ranging from 21 to 65 years. With mean of 34.5 years. 17(34%) known cases of TB and 33(66%) were histological proved. In 45(90%) abdominal pain was the symptoms and 5(10%) presented with pain RIF. In 40(80%) iliocecal regions was involved. In 30 cases (60%) intestinal obstruction and in 14(28%) perforation was seen. In 35(70%) patients iliostomy was performed that were revered three month later without any mortality. It is concluded that iliostomy in the management of abdominal TB is safer option.

Key words: Right iliac fossa, hemicolectomy, iliostomy, TB

The relationship of TB and mankind dates back to ancient times. The incidence of TB is rising again in the western world, while in Pakistan extra pulmonary TB has gone up to four times in the past decades, not only intestinal TB affecting young, active and working class of the society it is becoming a diagnostic challenge as well. The disease has changed its modes of presentations and has struck back with more frequency and severity thus forming major blame and threat to public health.

Patients and methods:
It is a prospective study that was conducted in the Department of Surgery, services Hospital, Lahore from December 3002 to January 2004.

All the patients presented in surgical emergency with diagnosis of intestinal tuberculoses were included into the study. Detailed history, clinical examination, investigations, preoperative findings, procedure details and results of surgery were entered in a proforma. All the cases were confirmed by histopathological evidence. The results were compiled and analysed by a statistician to compare with that of literature.

Results:
Total 50(100%) patients, 34(68%) males and 16(32%) females with age ranging from 21 years to 65 years with mean age of 34.5 years were included in the study. 17(30%) cases were known patients of pulmonary TB. 33(70%) were proved on histopathology postoperatively. The most common mode of presentation was pain and abdominal distension in 45(90%) patients. The most common involved region was ileocecal in (n=40%) 80% patients followed by jejunum 6(12%), cecum 2(4%) and 2 colon (4%).

Perforation was seen in 14(28%) of patients. Intestinal obstruction was seen in 30(60%) plastic type of TB was seen in 2(4%) and adhesions and bands in 4(8%).

<table>
<thead>
<tr>
<th>Pathology</th>
<th>n</th>
<th>%age</th>
<th>Iliostomy</th>
<th>Other procedures</th>
<th>Mortality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obstruction</td>
<td>30</td>
<td>60</td>
<td>22</td>
<td>8-Resection &amp; anastomoses</td>
<td>2%(n=1)</td>
</tr>
<tr>
<td>Perforation</td>
<td>14</td>
<td>28</td>
<td>12</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Bands and adhesions</td>
<td>4</td>
<td>8</td>
<td>None</td>
<td>4 Adhesiolysis and biopsy</td>
<td></td>
</tr>
<tr>
<td>Plastic type</td>
<td>2</td>
<td>4</td>
<td>1</td>
<td>1 Biopsy</td>
<td>2%(n=1)</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td>35(70%)</td>
<td>15(30%)</td>
<td></td>
<td>2(4%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Complication</th>
<th>Action taken</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resection and anastomoses</td>
<td>Anastomotic leak n=1(2%)</td>
<td>Iliostomy</td>
<td>OK</td>
</tr>
<tr>
<td>Iliostomy</td>
<td>Nil</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adhesiolysis</td>
<td>Nil</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opening and closing</td>
<td>Abscessa abdomen n=1(2%)</td>
<td>Abd. Toilet</td>
<td>Expired</td>
</tr>
</tbody>
</table>

Discussion:
Out of 15(30%) in which optionother then iliostomy were opted. 3(6%) patients had to be recoperated and in 2 iliostomy was done and in other peritoneal toilet was performed in this group. Complication rate remained 6(4%) patient expired, while all the patient with iliostomy were recovered uneventfully.

Male to female ratio in this study is 2:1. That is an evidence of male preponderance of the disease. Various national and international studies showed this fact as a

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study by Langdale et al in 1992 in their study of 356 patients they mentioned the figure of 4:1 and the figures of 3:2 and 2:5:1 are noted by S.H. Gondal et al in 2000 and Hassan et al in 2003 respectively. The similar figures are mentioned by Gosky et al in 1994 and Kawakami et al in 1993.

Known patients if pulmonary TB in the study are 30% that is comparable with the study of Guth et al in 1991 and similar figures were depicted by Ahmad et al in 1994 and S.H. Gondal et al in 2000. Other workers like Fahim Ahmad et al in their study of 50 cases and Tariq et al in 1993 in a study of 230 cases noted the values of 46% and 21% respectively.

Most common mode of presentation was pain abdomen in 90% cases in this study. The result is comparable with studies by Ahmad et al in 1994 in which they mentioned a value of 91%. Figures are variable in other national and international studies as it is 84%, 80% and 100% in studies of Fakhar et al, Chang et al and Kawakami et al respectively.

In 80% of the cases involved area was terminal ileocelecal region this observation is comparable with that of Fakhar et al in which they noted a figure of 83%. In other studies the values range from 56% by Tariq et al to 75% by Sheldon et al in 1993 depicted a value of 69% in her study of 105 cases diagnosed on FNAC.

The most common finding was obstruction in ileocelecal region in 30(60%) patients. The result is closely comparable with a study of N.A. Baloch et al in 2002 in which they showed a value of 55.7% in their study of 68 cases. The incidence of intestinal perforation remained 28% in this study.

Right hemicolecotony performed in cases of obstruction ileocecal region in 30(60%) out of which in 22 patients with iliostomy and in remaining (n=8) anastomoses performed.

In 70% cases in which we performed iliostomy secondary closure done after 3 months of oral chemotherapy. In these patients no mortality was noted. All the patients 3(6%). That had to be re-operated belong to group in which initially anastomosis were done out of which 2(5%) expired.

Conclusion:
It was concluded that iliostomy in abdominal TB as an emergency procedure in a safer option.

References: