

# 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%) iliocaecal 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 reversed 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<sup>1</sup>. The incidence of TB is rising again in the western world, while in Pakistan extra pulmonary TB has gone upto four times in the past decades<sup>2</sup>, not only intestinal TB affecting young, active and working class of the society it is becoming a diagnostic challenge as well<sup>3</sup>. 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 tuberouloses 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% 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 iliocaecal 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 1

Pathology	=n	%age	Iliostomy	Other procedures	Mortality
Obstruction	30	60	22	8-Resection & anastomoses	2%(n=1)
Perforation	14	28	12	2	
Bands and adhesions	4	8	None	4 Adhesionolysis and biopsy	
Plastic type	2	4	1	1 Biopsy	2%(n=1)
Total	50(100)	35(70%)	15(30%)		2(4%)

Table 2

Procedure	Complication	Action taken	Result
Resection and anastomoses	Anastomotic leak n=1(2%)	Iliostomy	OK
Iliostomy	Nil		
Adhesionolyses	Nil		
Opening and closing	Abscessa abdomen n=1(2%)	Abd. Toilet	Expired

## Discussion:

Out of 15(30%) in which option other then iliostomy were opted. 3(6%) patients had to be reoperated 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

study by Langdale et al in 1992<sup>4</sup> 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<sup>3</sup> in 2000 and Hassan et al<sup>5</sup> in 2003 respectively. The similar figures are mentioned by Gosky et al<sup>6</sup> 1994 and Kawakami et al<sup>7</sup> in 1993.

Known patients if pulmonary TB in the study are 30% that is comparable with the study of Guth et al<sup>8</sup> in 1991 and similar figures were depicted by Ahmad et al<sup>9</sup> in 1994 and S.H. Gondal et al<sup>10</sup> in 2000. Other workers like Fahim Ahmad et al<sup>11</sup> in their study of 50 cases and Tariq et al<sup>12</sup> 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<sup>12</sup> 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 ileocecal 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<sup>13</sup> in 1993. depicted a value of 69% in her study of 105 cases diagnosed on FNAC.

The most common finding was obstruction in ileocecal region in 30(60%) patients. The result is closely comparable with a study of N.A. Baloch et al<sup>15</sup> 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 hemicolectomy performed in cases of obstruction ileocecal region in 30(60%) out of which in 22 patients with ileostomy and in remaining (n=8) anastomoses performed.

In 70% cases in which we performed ileostomy 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(25%) expired.

### Conclusion:

It was concluded that ileostomy in abdominal TB as an emergency procedure in a safer option.

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