Perforated pan-enteric tuberculosis: intra operative recognition necessity!

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Case report

A 24-years-old man presented to the emergency department with complaints of progressively worsening abdominal pain, occurring on the background of fever. On examination, his abdomen was diffusely tender with board-like rigidity. His hematologic investigations revealed high blood cells count.

After initial assessment a diagnosis of generalized peritonitis was made. He underwent emergency laparoscopy, with intra operative findings of general peritonitis. The small bowl was dilated and the caecum was not in his usual localization. The conversion from laparoscopic to open surgery was decided. The small bowl wall was thick and tubular with no stricture (Fig. 1). There were two perforations situated on 1m50 and 1m80 from duodeno-jejunal junction. There were stony lymph nodes without sclerolipomatosis.

The unusual location of the caecum was due to common mesentery (Fig. 1). We realized a peritoneal lavage and a resection of 40 cm of the small bowl. The two ends were brought out as double-barreled ostomy. An appendicectomy was also performed.

A chest x-Ray (Fig. 2) was realized after surgery and showed pulmonary cavity and pulmonary interstitial syndrome.

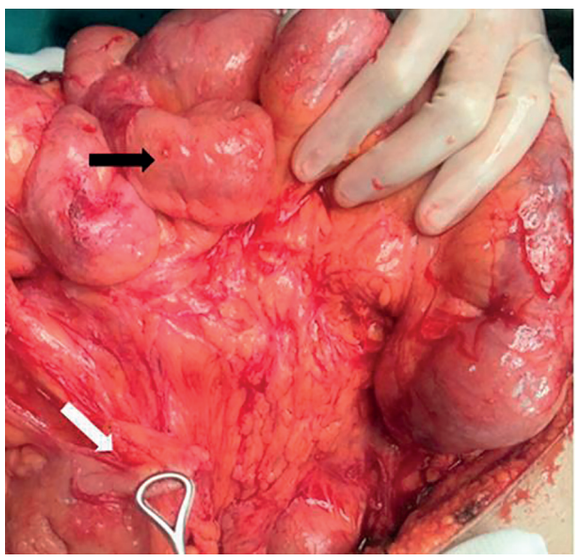

Fig. 1. — Intra operative findings: The small bowl wall was thick and tubular with perforations (black arrow). There were no sclerolipomatosis. The caecum and the appendix are to the left of the mesenteric axis (white arrow).

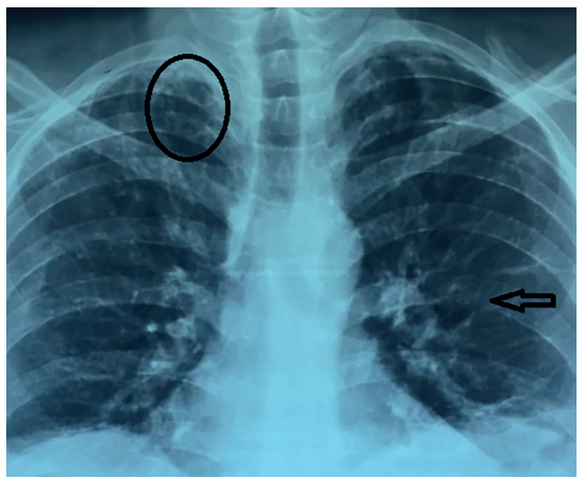

Fig. 2 — Chest X-Ray showing pulmonary cavity and pulmonary interstitial syndrome

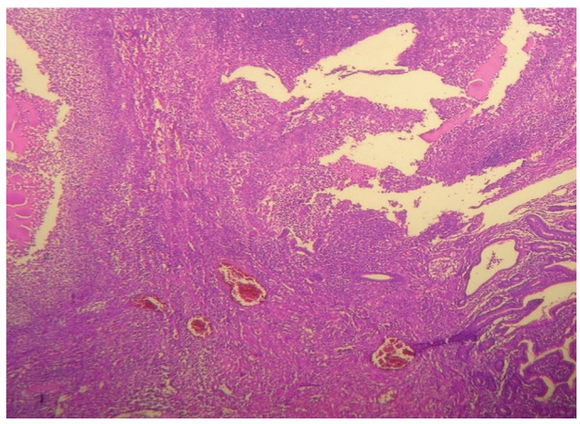

Fig. 3 — histopathological specimen showing ulcerated and abcessed granulomatous enteritis (HE × 200) HE: Hematoxylin and eosin

The histopathologic examination of the resected bowel specimen and the mesenteric lymph nodes showed granulomatous enteritis (Fig. 3).

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What is the diagnosis in this case?

A- Crohn's disease

B- Intestinal Amibiasis

C- Pan-enteric tuberculosis

D- Shigella enteritis

Conclusion

Enteric tuberculosis can present the same appearance as Crohn's disease or bacterial enteritis (1). Perforation is a rare and serious complication (2). Operative findings, such as the lack of strictures, can direct the diagnosis towards tuberculosis. In these case, surgical resection should be as complete as possible, without intestinal saving, such as performed in suspected Crohn's disease. Post operatively, a complete evaluation of the disease (especially pulmonary tuberculosis) should also be done and the patient has to be isolated until the final results of the histological examination. Operative description can help the pathologist to retain the diagnosis of tuberculosis even if the absence of caseation.

References

1. ALMADI M.A., GHOSH S., ALJEBREEN A.M. Differentiating intestinal tuberculosis from Crohn's disease: a diagnostic challenge. *Am. J. Gastroenterol*., 2009, **104**(4) : 1003-12.
2. MUKHOPADHYAY A., DEY R., BHATTACHARYA U. Abdominal tuberculosis with an acute abdomen: our clinical experience. *J. Clin. Diag. Res*., 2014, **8**(7) : 7-9.