



## Isolated Appendicular Tuberculosis – A Rare Clinical Entity

### KEYWORDS

Appendicular Tuberculosis

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### ABSTRACT

*Tuberculosis is a significant health issue in the developing countries. Tuberculosis occurs in extra pulmonary sites in 10% of non-HIV infected people, Tuberculosis of the abdomen –Koiegn syndrome is the second most common extra-intestinal manifestation of tuberculosis. Tuberculosis of appendix occurs as primary or secondary disease. Isolated tuberculosis of appendix is very rare with incidence of 0.1% to 0.6%.*

### Introduction:

Tuberculosis occurs in extra pulmonary sites in 10% of non-HIV infected people. Gastrointestinal tuberculosis is quite rare, representing only 3% of all extra pulmonary cases. Tuberculosis of appendix occurs as primary or secondary disease. Isolated involvement of the appendix due to tuberculosis is rare with incidence of 0.1% to 0.6%.

### Case History:

A 19 year old female presented with history of pain in right iliac fossa for two days duration. Pain started at periumbilical region and after few hours shifted to right iliac fossa. It was severe and colicky in nature and associated with nausea no vomiting. She had no history of urinary complaints, previous abdominal pain, cough, hemoptysis, and diarrhoea or constipation. On examination, her general condition was stable. She was euvolemic. Her abdomen was flat and moving with respiration. There was tenderness over the right iliac fossa. Rebound tenderness, cough tenderness, percussion tenderness and muscle guarding were present with good bowel sounds audible. Digital rectal examination revealed tenderness on the right side. Rest of the examination was normal.

Her hematological investigations were within normal limits. X-ray chest was also normal. She was diagnosed as acute appendicitis and emergency open appendicectomy was planned. On exploration, appendix was found inflamed. There was no ascites. Limited exploration of gut and mesentery through the Rutherford Morission incision, showed

no peritoneal tubercles or mesenteric lymphadenopathy. Ileo-caecal region was also normal. Routine appendicectomy was performed and specimen sent for histopathology which revealed tuberculosis of appendix. Her post operative period was uneventful except. Patient was put on anti-tuberculous treatment and followed for 6 months with satisfactory outcome

### Discussion:

Gastrointestinal tuberculosis is quite rare, representing only 3% of all extrapulmonary cases. Although the ileocecum is involved in over 40% of cases of abdominal TB, the appendix is involved in only about 1%.<sup>1</sup> It is usually secondary to tuberculosis elsewhere in the abdomen. Tuberculosis of appendix occurs as primary or secondary disease, the incidence of primary tuberculosis of the appendix is reported to be 0.1% to 0.6%.<sup>2,3</sup> Isolated appendicular tuberculosis is very difficult to diagnose clinically.<sup>4,5</sup> It has greater incidence in women.<sup>6</sup> Tuberculosis being endemic in our country, it is a must to send all appendicectomy specimens for histopathology examination, so as to prevent misdiagnosis and prevent further complications. Tuberculosis being a systemic disease with localized manifestations and<sup>7</sup> it is advisable to administer anti-tuberculous therapy in postoperative period.<sup>8</sup>

### REFERENCE

1. Rasheed S, Zinicola R, Watson D, Bajwa A, McDonald PJ. Intra-abdominal and gastrointestinal tuberculosis. *Colorectal Dis* 2007;9:773-83.
2. Bobrow ML, Friedman S. Tubercular appendicitis. *Am J Surg* 1956; 91:389.
3. Shah RC, Mehta KN, Jullundwalla JM. Tuberculosis of appendix. *J Indian Med Assoc* 1967; 49:138-40.
4. Gupta SC, Gupta AK, Keswani NK, Singh PA, Tripathi AK, Krishna V. Pathology of tropical appendicitis. *J Clin Pathol* 1989;42:1169-72.
5. Mital VK, Khanna SK, Gupta NM. Isolated tuberculosis of appendix. *Ann Surg* 1975;41:172-4.
6. Patel PA. Tuberculous appendicitis. *Br J Clin Pract* 1975;29:87-90.
7. Singh MK, Arunabh Kapoor VC. Tuberculosis of the appendix- a report of 17 cases and a suggested aetiopathological classification. *Post Grad Med J* 1987;63 (744): 855-7.
8. Pujari BD, Jayaramiah M, Deodhar SG. Tubercular appendicitis. *JAPI* 1981;29: 1025-8.