



ENTEROLITHIASIS IN INTESTINAL TUBERCULOSIS

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ABSTRACT Enterolithiasis is formation of stones in intestinal lumen. It may be primary (due to diverticulosis, strictures) or secondary due to gall bladder stones migrating to intestine. Tuberculosis associated with enterolithiasis is found in 3.25% amongst 400 cases. It is rarely documented and amenable to surgical cure.

KEYWORDS : Enterolithiasis, Tuberculosis, Stricture

INTRODUCTION

Enterolithiasis, itself rare, is even rarer in conjunction with intestinal tuberculosis.^[1,2] The present case is a report of this rare entity.

Case Study

A 65-year-old female presented with pain in abdomen and constipation since two weeks. Computerized tomography suggested ileal stricture with multiple foreign bodies. Ileal resection specimen showed a solitary napkin constriction involving three cm segment. The corresponding mucosa was edematous, and non-ulcerated, the intestinal wall was thickened to four mm. Lumen was filled with enteroliths. (Figures 1 and 2)

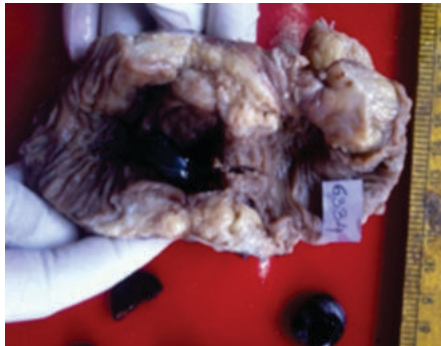


Figure 1 shows ileum with stricture and luminal stones.



Figure 2: shows multiple black, smooth faceted stones filling the intestinal stricture.

Histopathology revealed tuberculous enteritis, the mesenteric lymph nodes revealed tuberculous lymphadenitis.

There was no preceding history of tuberculous contact in family. Xray chest did not reveal pulmonary tuberculosis.

Incidence of enterolithiasis varies from 0.3 to 10%.^[3] Young women in mid-thirties age group living in Asian continent and with coexistent pulmonary tuberculosis are prone to develop intestinal tubercular strictures. The alkaline pH of stricture segment is favourable for deposition and crystallisation of calcium stones.^[2]

Enterolithiasis may be asymptomatic or commonly present with symptoms and signs of intestinal obstruction such as vomiting, abdominal pain, bloating. X ray may show air fluid levels along with calcified bodies.^[1,3]

Enterotomy with stone removal may be attempted. Alternatively, ileo-caecal resection for enterolith removal will be necessitated. The patient outlook can be further enhanced with simultaneous anti-tubercular therapy.

If left untreated enterolithiasis may lead to fistula formation or intestinal perforation with peritonitis. It may cause acute abdomen with a surgical emergency.^[1-3]

CONCLUSIONS

Thus, early detection and timely surgical management can be lifesaving in this rare condition.

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