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RARE PRESENTATION OF ABDOMINAL TUBERCULOSIS: A CASE REPORT

General Surgery

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ABSTRACT

Abdominal TB, one of the types of extrapulmonary TB, has unique ways of presentation, as seen in endemic regions like India. Only a few cases of it presenting primarily as inguinal hernia sac have been reported in literature. Early diagnosis from straw-colored fluid of the hernial sac and HPE of the sac is extremely rare. By reporting this case, the authors point towards high index of clinical suspicion which is to be kept in mind for such a presentation to facilitate early diagnosis and treatment of this dreaded disease, especially in endemic regions like India.

KEYWORDS

Inguinal Hernia, Abdominal Tuberculosis.

Case Report

A 55 year old gentleman presented to us with a gradually progressive swelling in the left inguinal region since last 1 year. Clinical and radiological examination was suggestive of indirect inguinal hernia with no complications at presentation. Patient had completed course of ATT as per DOTS regime. No history suggestive of Relapse, treatment failure or any other complication associated with TB or its treatment. We admitted the patient for routine hernioplasty. Intraoperatively, the hernia sac was found to be abnormally thickened and studded with few firm nodules. Its specimen was biopsied and sent for HPE. On opening the sac, straw coloured fluid was noted and inner surface of the sac revealed multiple nodules. Sample was sent for fluid cytology and ADA levels estimation. On clinical suspicion of abdominal TB, only herniorrhaphy was performed. Biopsy report and ADA levels confirmed it to be a case of Abdominal TB.

INTRODUCTION

Tuberculosis is widely prevalent[1] in India. Its diagnosis and treatment is challenging due to its unique ways of presentation. Abdomen is a common location[2,3] for it to occur. But, primary presentation as inguinal hernia contents is rare[4]. Without any prior symptoms of pulmonary or extrapulmonary disease, diagnosis is often missed, overseen, or delayed and often becomes a surprise making its further management difficult. Although, routine histopathological examination of hernia sac is not recommended[5], in a resource poor country like India, with high index of suspicion based on clinical and intraoperative examination of the tissues and subsequent confirmation by histopathology can often unmask coexisting diagnosis and lead to its timely treatment.

Discussion

Our patient was having an unusual presentation of abdominal TB in the form of an indolent groin swelling.

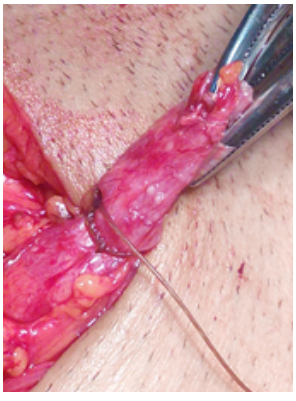

FIGURE 1(LEFT): Hernia sac showing two nodules (arrow head).

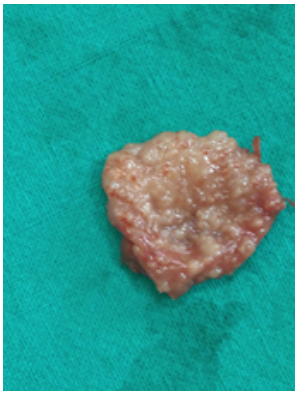

FIGURE 2(right): Inner surface of the sac revealing multiple nodules.

Ascitic form of tubercular peritonitis is supposed to be of the milder form due to strong host resistance. The most common form of abdominal tuberculosis is wet type (Ascitic) Peritonitis. In these cases ascites may be localized or generalised throughout the peritoneal cavity. Multiple tubercles are present on both the layers of peritoneum.Ascitic fluid is typically a straw coloured (protein>25-30g/l) with white cell (> 500mm^3) and (lymphocytes >40%). Unfortunately, diagnostic smears for acid fast bacilli are diagnostic in only < 3% of patient and culture may take upto 4-8 weeks. Multiple epitheloid granuloma with Langhan's type giant cells on histopathology clinches to the diagnosis of tuberculosis.Diagnostic laparoscopy followed by ascitic fluid cytology and peritoneal biopsy is generally the standard of care6 for suspected Peritoneal TB but in our case there was no evident clinical ascitis and no specific findings pointing towards an otherwise diagnosis than inguinal hernia. Hence, in an asymptomatic individual, preoperative diagnosis of TB in hernia sac is difficult5. The placement of a mesh in this area might interfere with the effect of the antituberculous chemotherapy and form a source of chronic sepsis. Hence, we prefered using local tissues to strengthen the posterior abdominal wall.After successful repair, we sent the specimen (Fig.2) for histopathological examination which subsequently confirmed the diagnosis.

To ensure prompt healing of the local tissues and avoid the formation of sinuses, multidrug full-dose anti¬tuberculous drug therapy should be rapidly initiated.

CONCLUSION

Usually, prosthetic materials are used for repair and hernia sac is not routinely subjected to histopathological examination. This case highlights the importance of thorough inspection of the hernial sac, non using of prosthetic material and of tissue diagnosis of the hernial sac if it appears suspicious or is associated with ascites. Having confirmed diagnosis as abdominal tuberculosis, it should be treated with standard multidrug antitubercular regimen at the earliest.

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