

中文題目:結核性腸炎併發腸阻塞

英文題目: Tuberculous enteritis presenting as ileus : A case report

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We report a case of 72 year-old female who suffered from intermittent abdominal cramping pain, vomiting episodes and night sweating for one month. Tracing back her history, she had gastrointestinal symptoms, including nausea, poor appetite and abdominal distension and poor appetite since 3 months ago, and she lost of body weight about 9kg during this period. She was transferred from clinic for further survey.

The initial laboratory data revealed high C-reactive protein level (71.13 mg/L) and slightly increased leukocyte count ( $9.44 \times 10^3/\mu\text{L}$ ). The plain abdomen showed focal ileus at left lower quadrant (figure 1). Later, she received abdominal computer tomography (CT) survey and it showed multiple segments of small bowel wall thickening, including ileocecal valve (figure 2).

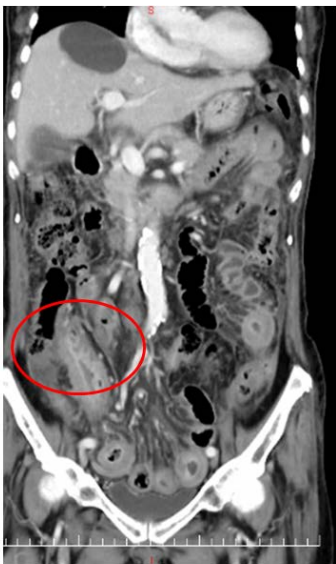
Colonoscopy was arranged for tissue collection and multiple round-shaped nodulation with central ulceration disseminated in colon except the swollen and ulcerative ileocecal valve (figure 3). TB enteritis was suspected and this impression was supported from the finding of chest X-ray (interstitial pattern parenchyma) (figure 1) and CT (bud in tree and alveolar pattern) (figure 4), although she did not have any upper respiratory symptom and sign. Bronchoscopy with broncho-alveolar lavage confirmed the pulmonary tuberculosis (TB) with positive acid-fast stain and TB-PCR, and reports of colonic tissue sampling also showed the same results. Tracing back the possible exposure history, her husband is a victim of pulmonary TB and has received anti-TB treatment more than 10 years ago. Under the impression of pulmonary TB and TB enteritis, she started anti-TB medication treatment.

## Discussion

TB enteritis accounts for 1 to 3 percent of TB infection worldwide and it represents the sixth most frequent form of extra-pulmonary TB [1]. TB enteritis is a rare sequela, occurring in less than 1 percent of pulmonary tuberculosis [2]. Intestinal TB mainly invades the ileo-cecal area, with presentation of concentric ulcer with swollen mucosa in colonoscopic image, and symmetric mural thickening in CT image. However, any part of gastrointestinal tract can be involved by TB infection, and skip lesions are not uncommon. Therefore, it must be differentiated from the inflammatory bowel disease, especially the Crohn's disease[3,4]. The symptoms of TB enteritis are nonspecific, such as the abdominal fullness and pain, anorexia and body weight loss. The most common complication is obstruction from narrowing of the lumen because of swollen mucosa, or adhesions or strictures as chronic infection sequel. In conclusion, we reported a case of pulmonary TB accompanied with TB enteritis. The untypical presentations highlight the importance of prompt diagnosis, especially in the area with high prevalence of TB infection.



Figure 1.



Wall edema



Skip lesion and IC swelling

Figure 2

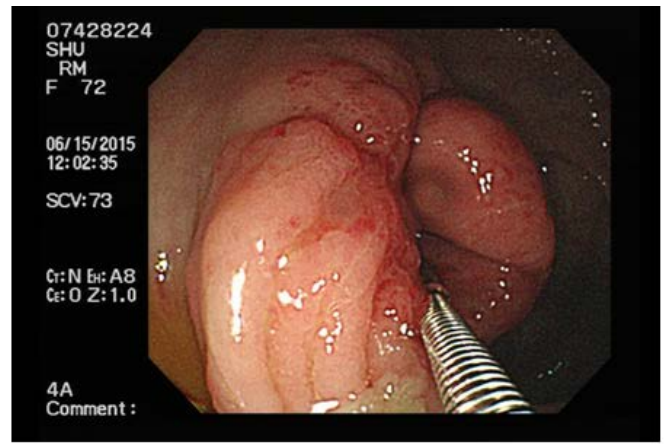
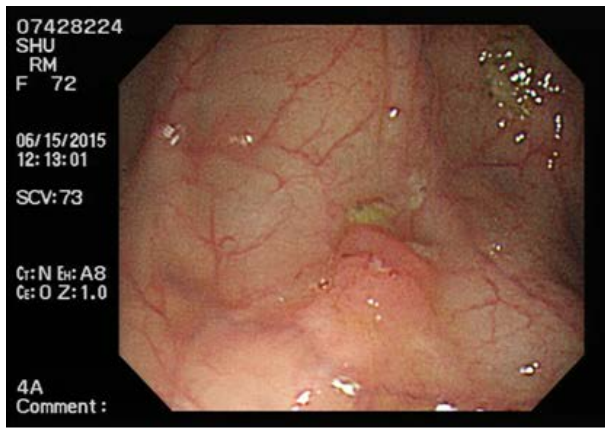


Figure 3

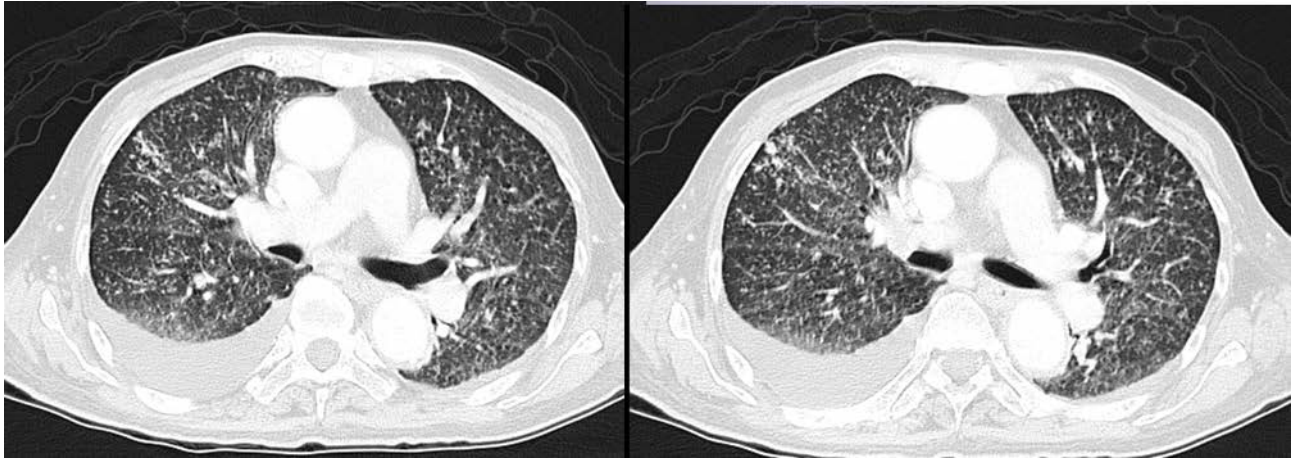


Figure 4

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