

Abdominal Tuberculosis; Are we seeing a resurgence ?

It was estimated in 1990 that there were 7.6 million new cases of tuberculosis in the developing world with nearly 2.8 million deaths. This is a figure which has risen with time and in 1998 it was estimated that there would be nearly 3 million deaths from this dreaded disease or nearly 6% of the total deaths.

It has despite expectations such as “tuberculosis should be virtually eradicated from most developing countries within 50 years” has come back with a vengeance and has been declared a global emergency by the World Health Organisation. The abdomen is involved in 11% of patients with extra-pulmonary tuberculosis. In a recent series of 820 patients with tuberculosis reported from Saudi Arabia, 16% had abdominal involvement. Abdominal tuberculosis continues to be common in various parts of the world with large series being reported from Chile, Egypt, India, Iraq, Kuwait, Nigeria, Saudi Arabia and Sudan.

Abdominal tuberculosis can occur at any age but is predominantly a disease of young adults; two-thirds of patients are 21-40 years old and the mean age of patients is 30-40 years. Although some reports mention a higher incidence in females, it seems that the disease affects both sexes equally. Abdominal tuberculosis is also seen in children, where the spectrum of disease is different from that in adults; 90% of child patients have peritoneal and lymph node involvement, intestinal lesions being present in less than 10% of cases.

During the period 2000-2020, an estimated 1 billion people will be infected, 200 million people will become sick, and 35 million will die from TB, if control is not strengthened. If we look at the local literature 68 cases of abdominal tuberculosis were reported in 2002 from Quetta yet in 2007 from the region of Quetta, Balouchistan, two hundred patients suffering from abdominal tuberculosis were reported

with majority of them were in their 4th decade of life. Similarly nearly 109 cases of intestinal tuberculosis were reported from Multan in Central Pakistan while 50 cases of abdominal tuberculosis were reported from Lahore in 2002. A somewhat similar observation was made by a research group from Karachi in the southern part of Pakistan, of 50 patients presenting with intestinal obstruction due to tuberculosis while a study from Rawalpindi from northern Pakistan showed 33 patients presenting with abdominal tuberculosis and its resulting problems and complications.

More than published evidence from within Pakistan the anecdotal evidence amongst the medical community in general and surgical fraternity in particular is that there is probably increasing concern that we are dealing with not only an increase in cases of pulmonary tuberculosis yet specifically abdominal tuberculosis and at times patients presenting with Multiple Drug Resistant tuberculosis of the abdomen. This varied presentation is also probably showing a shift in the age group suffering from this dreaded disease with more younger people suffering from it and thus the productive segment of the society being hit more hard by this treatable problem.

The Directly Observed Treatment Short-course (DOTS) program launched in 1994 by WHO did show a sign of gaining control yet the lack of awareness and education amongst the general population is the usual factor blamed for failure of any strategic planning initiative. The five components of DOTS encompasses a comprehensive mechanism for control of this disease and the What is probably needed by healthcare professional is the focus on the Global Plan to Stop TB 2006-2015 by providing education to people in training and also to develop links with the stake holders directly to utilize the limited resources so that this communicable disease can hopefully be eradicated.

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Dr. Shams Nadeem Alam

*Associate Professor of Surgery
Dow University of Health Sciences
Karachi - Pakistan*

Prof. Tariq Mehmood Khan

*Professor of Surgery
Karachi Medical & Dental College
Karachi - Pakistan*