



INTESTINAL TUBERCULOSIS PRESENTING AS BILATERAL INGUINAL HERNIA – A RARE PRESENTATION

Pathology

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ABSTRACT

Though abdominal tuberculosis is common, it is rare to primarily diagnose it through contents of an inguinal hernia. A young patient male presented with bilateral inguinal hernia. He was operated upon and contents of hernia sac were sent to our laboratory. On histopathologic examination showed multiple granulomas. Ziehl Neelson staining was done which came out to be positive. Diagnosis of tuberculosis was made and patient was treated with antitubercular drugs effectively.

KEYWORDS

INTRODUCTION

Abdominal tuberculosis includes tuberculosis of GIT, Peritoneum, Omentum, Mesentery, Lymph node and solid intraabdominal organs like liver, spleen, pancreas. Three type of chronic tubercular peritonitis have been described namely ascitic type, encysted type and fibrotic type (2, 3). Definitive diagnosis can be difficult due to non specific symptoms and low culture yield of Mycobacterium. (4,5.) Histopathological demonstration of tuberculous granulomata often plays a key role in making a final diagnosis. (6.)

Case Report

A 17 year old boy presented to surgical department with bilateral inguinal hernias for one month. He had no history of loss of weight or appetite, fever and cough. On examination he had bilateral inguinal hernias. His chest x ray was normal. Preoperative investigations revealed a haemoglobin of 11 gm%, total leucocyte count 8000/cumm with neutrophils 65%, lymphocytes 20%, ESR 17 mm in 1 hour (Westergren method). He was successfully operated upon. Herniotomy was done and excised sac was sent for histopathological examination. Postoperative recovery of patient was uneventful.

We received multiple soft tissue pieces in our lab measuring 7cm altogether, whitish in colour. These pieces were fixed in 10% buffered formalin solution. Grossed and embedded as such and processed and stained with Haematoxylin and eosin.

Histopathology reports showed well circumscribed multiple epithelioid granulomas along with Langhans giant cells with in the fibrocollagenous tissue characteristic of tuberculosis. Multinucleated giant cells were seen within central collections of epithelioid cells along with encircling rim of lymphocytes. Subsequently Ziehl Neelsen staining was positive for Mycobacterium Tuberculosis. The diagnosis of Abdominal Tuberculosis was made and patient was put on antitubercular drugs.

DISCUSSION

Though Abdominal tuberculosis is the most frequent site of extrapulmonary involvement in the tuberculosis, it is rare to primarily diagnose it through the contents of inguinal hernia (1). Abdominal tuberculosis includes tuberculosis of GIT, Peritoneum, Omentum, Mesentery, Lymph node and solid intraabdominal organs like liver, spleen, pancreas. Three type of chronic tubercular peritonitis have been described namely ascitic type, encysted type and fibrotic type (2, 3). Definitive diagnosis can be difficult due to non specific symptoms and low culture yield of Mycobacterium. (4,5.) Histopathological demonstration of tuberculous granulomata often plays a key role in making a final diagnosis. (6.)

A recent study from India found that Gastrointestinal Tuberculosis was seen in 11.2% of children affected with Tuberculosis of which over 50% have extraabdominal manifestations (7). Inguinal hernia is one of the commonest surgical problems encountered in day to day practice. It is quite surprising that with such a wide prevalence of GTB, involvement of sac or its contents is not common in patients

with inguinal hernia in our country, even though the omentum is a common content of the sac. A review of literature about hernia sacs states that it involves sac, its contents or both. In children it affects only the sac because the sac is usually empty and the concomitant visceral involvement usually affects the visceral organs. As a rule when tuberculosis affects visceral organs, the hernial sac is always involved and when it affects the hernial sac the entire peritoneal surface is also involved. (8)

CONCLUSION

Hernial sac tuberculosis though rare should be kept in mind in tuberculosis endemic countries like India. Definitive diagnosis can be difficult due to non specific symptoms and low culture yield of Mycobacterium. Histopathological demonstration of tuberculous granulomata often plays a key role in making a final diagnosis. If confirmed patient should be treated with antitubercular drugs which goes a long way not only in good recovery but also preventing life threatening complications of GTB like intestinal obstruction and bowel perforation.

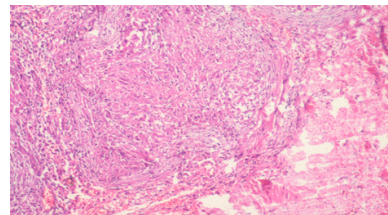
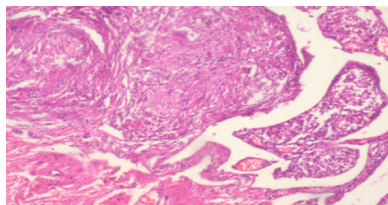


Fig 1 Shows Epithelioid cell granulomas with multinucleate giant cells and peripheral rimming of lymphocytes. (Haematoxylin and Eosin 20x)



Epithelioid cell granulomas with multinucleate giant cells and peripheral rimming of lymphocytes within the fibrocollagenous tissue. (Haematoxylin and Eosin 40x)

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