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(CASE REPORT)

Intestinal tuberculosis revealed by stercoral peritonitis in a patient at D3 postpartum:A case report

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Abstract

Digestive tuberculosis is uncommon compared to pulmonary tuberculosis. Gastrointestinal tuberculosis accounts for 2.5% of cases of extra-pulmonary tuberculosis. Early diagnosis is not easy because of the non-specific clinical picture. We report a case of intestinal tuberculosis revealed by stercoral peritonitis in a 29- year-old patient whose CT scan showed a large pneumoperitoneum. The procedure consisted of a bowel resection, removing both perforations and performing a Bouilly volkman ileostomy. Anatomopathological examination of the operative specimen revealed ulcerated and perforated ileitis with epithelio-giganto-cellular and necrotizing granulomatous lesions suggestive of tuberculosis.

Keywords: Intestinal tuberculosis; Digestive tuberculosis; Stercoral peritonitis; Postpartum

1. Introduction

Intestinal tuberculosis is a rare form of extra-pulmonary tuberculosis. Itoccurs at all ages, but predominates between the ages of 15 and 40. Transmission can be hematogenous, exogenous, endogenous, lymphatic or contiguous [1]. While some patients may benefit from anti-tuberculosis therapy, others may develop surgical problems such as strictures, obstruction, fistulas or perforations, which may require surgical intervention. There are four forms of intestinal tuberculosis: ulcerative,hypertrophic, ulcerohypertrophic and fibrotic [2].

2. Case report

This is a 29-year-old woman, admitted d3 post partum by vaginal delivery for acute respiratory distress associated with generalized abdominal pain. CT scan shows a large pneumoperitoneum with a largeperitoneal effusion associated with foci of pulmonary parenchymal condensation suggestive of an infectious origin, notably pulmonary tuberculosis with signs of activity.

Surgical exploration revealed a stercoraleffusion with two bowel perforations, the 1st at 170 cm from the treitz angle and the2nd at 210 cm from the treitz angle.

The procedure consisted of a bowel resection removing both perforations, with the creation of a Bouilly volkman ileostomy and abundant peritoneal lavage.

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Anatomopathological study of theoperative specimen showed ulcerated and perforated ileitis with epithelio-giganto-cellular and necrotizing granulomatous lesions suggestive of tuberculosis.

Figure 1 The distance between the two perforations

Figure 2 Perforation with false membranes

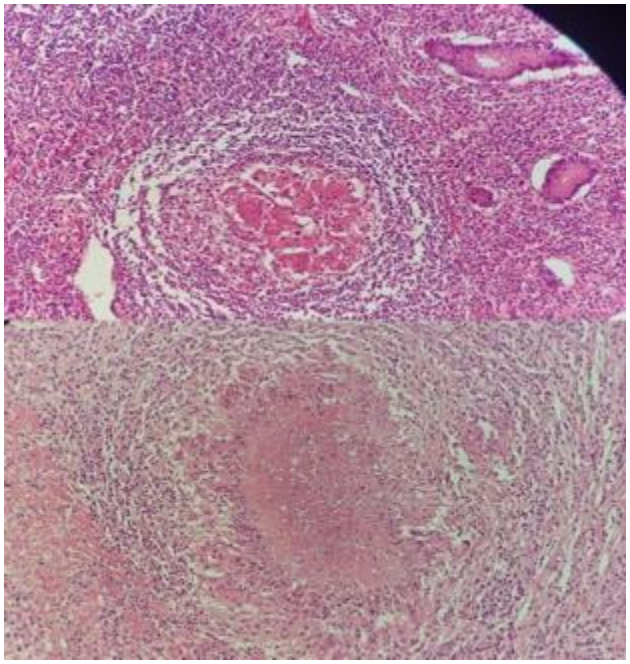

Figure 3 Epithelio-giganto-cellular and necrotizing granulomatous lesions

3. Discussion

The abdominal localization of tuberculosis is an insidious manifestation that raises a number of diagnostic problems that are difficult to resolve, due to its polymorphous and not very evocative clinical expression, and endoscopic and radiological aspects that are by no means pathognomonic [3].

In intestinal localization, transit disorders and abdominal pain predominate, followed by sub-occlusion, the discovery of an abdominal mass and, exceptionally, perforation of the bowel [3].

In fact, intestinal localization remains rare in industrialized countries. In the USA, it currently accounts for 0.5% of new cases of tuberculosis and 3.8% of extra- pulmonary tuberculosis. It is seen in3.5% of pulmonary tuberculosis cases [4].

Thesituation is different in developing countries. It accounts for 17.6% ofabdominal tuberculosis in Morocco.However, peritonitis due to intestinal perforation is very rare in our context [5].

The treatment regimen currently recommended in Morocco is 6 months: 2RHZ/4RH. In the case of positive microscopy, or severe or acute forms that are life- or function-threatening (miliary, multifocal tuberculosis, immune-deficient terrain), 4 anti-bacillary SRHZ are combined, 6 days out of 7, for 8 weeks, followed by 2 anti-bacillary RH for 7months for severe forms, and 4 months for Mycobacterium tuberculosis-positive forms [6].

4. Conclusion

In our country, abdominal tuberculosis is one of the most frequently observed localizations after pulmonary tuberculosis.

Intestinal tuberculosis is the 6th most common extra-pulmonary localization, accounting for 3 to 5% of all visceral localizations. Diagnosis of intestinal tuberculosis is difficult, given the poorly accessible, pauci-bacillary nature of the lesions.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

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