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Crohn's disease and intestinal tuberculosis, two overlapping conditions

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Introduction: Differentiating intestinal tuberculosis from Crohn's disease (CD) is a clinical challenge of therapeutic significance, because tuberculosis is mimicker to CD as regard symptomatology, clinical and radiological examination.

Case Description: Here, we report a case of chronic progressive constipation and abdominal distention due to intestinal tuberculosis that was previously mistreated as Crohn's disease. Surgery with resection anastomosis of the small bowel stricture was performed, followed by 6-month standard treatment for miliary tuberculosis, which was diagnosed on the basis of the presence of acid-fast bacilli in the diseased bowel and positive culture of ***M. tuberculosis*** from ascites, and stool samples. The patient was examined for 6 months after and well recovered thereafter.

Conclusion: The finial diagnosis of intestinal tuberculosis can sometimes be confirmed by operation room biopsies, rescue the patient from abdominal emergency, and provide a chance for cure.

Case report: A 45-year-old man experienced recurrent abdominal pain, constipation and weight loss (12 kg) in 1 year. He was diagnosed as CD on the basis of abdominal CT scan, and colonoscopic findings. CT abdomen showed skip lesions throughout the small bowel. Colonoscopic examination showed the presence of multiple terminal ileac polypoid formations of which multiple biopsies were taken. The pathologic report was chronic inflammatory changes. Treatment of CD, prednisolone and azathioprine were then prescribed with a poor response. He presented to emergency room with diffuse abdominal pain fever and absolute constipation after treatment for CD. CT scan of the abdomen revealed intestinal obstruction due to the old iliac stricture. Emergent laparotomy with segmental small bowel resection was performed. The pathologic report showed granulomatous inflammation with the presence of acid-fast bacilli. Miliary TB was diagnosed with additional positive findings of polymerase chain reaction (PCR) and positive culture for ***M. tuberculosis*** in sputum, stool, and ascites.

Discussion: ITB accounts for 1–3% of all TB cases. Differentiating between ITB and CD, especially in areas endemic for TB, is quite challenging since both can present as granulomatous inflammation. CD is characterized by a progressive transmural inflammation with skip lesions throughout the GI tract. Although many presentations of ITB and CD are similar, certain clinical and histological features can be helpful in distinguishing between them. The presence of ascites is usually an indication of ITB rather than CD because peritoneal involvement is uncommon in the CD. Endoscopic biopsies should be done if feasible. Combination of endoscopic and histological features could increase the diagnostic rate to around 60%.

Conclusion: The similarity between CD and ITB should be kept in mind whenever possible, especially in areas endemic for TB as mistreatment prolongs the ITB course and even lead to complications. The combination of serial biopsies/ surgical pathology and endoscopic features is mandatory in increasing diagnostic accuracy.

Biography

Khalid Abdelwali completed his MBBCh in 2005 from Faculty of Medicine, Assuit University and then worked in Assuit University Hospital for 1 year. After that, he started working in Manshyet Elbakry Hospital in Cairo, Egypt in the Department of Gastroenterology and Liver Diseases, and then a part time Physiology Lecturer in Misr International University. He finished his Diploma in Internal Medicine in 2014 at Ain Shams University, Egypt. He then moved to the Department of Gastroenterology and Liver Diseases in Sheikh Zayed Al Nahyan General and Specialized Hospital, Cairo. He is a resident in the Department of Gastroenterology and Liver Diseases, Ibn Sina University Hospital, Rabat, Morocco.

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