Plan of Anti-tuberculosis Treatment in Patients with Abdominal Tuberculosis

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We have read the article “Study of surgical emergencies of tubercular abdomen in developing countries” by Wani et al. [1] with interest. Tuberculosis continues to be a major health hazard in our country due to the emergence of multidrug-resistant strains coupled with the increasing burden of human immunodeficiency virus infection. As per the WHO report on tuberculosis in 2014, India has the highest number of patients with extra-pulmonary involvement ($n=226,557$, 16 % of all patients with tuberculosis) in the world [2]. In such a scenario, administration of proper anti-tuberculosis treatment (ATT) and ensuring strict compliance by the patients during the entire course of therapy are of paramount importance.

The authors had presented their experience in the management of 50 patients of abdominal tuberculosis over a period of 2 years. A positive history of pulmonary tuberculosis was available in ten patients. Six patients were properly investigated prior to elective surgical intervention while a total of 32 patients needed emergency exploration due to acute abdominal symptoms. Definitive intervention in the form of adhesiolysis, stricturoplasty, bowel resection and reconstruction, and appendectomy was carried out in 24 patients. In the remaining eight patients,

peritoneal and lymph node biopsy was obtained without any definitive repair. It will be interesting to know whether recovery in these eight patients was at par with the 12 patients subjected to conservative management. Histopathological examination was not suggestive of tuberculosis in only one patient in this study; however, all the patients were advised ATT for a period of 6 months. The reason for ordering ATT in the patient in whom the histopathology was not indicative of tuberculosis should have been clarified.

The authors were silent regarding the immune status of the included patients as well as the type of ATT regimen followed (daily versus thrice a week schedule). They have also used only three drugs (rifampicin, isoniazid, and pyrazinamide) for the intensive phase of treatment. The WHO guidelines recommend the use of four drugs (rifampicin, isoniazid, pyrazinamide, and ethambutol) for the initial 2 months of intensive phase followed by two drugs (rifampicin and isoniazid) for 4 months in both pulmonary and extra-pulmonary tuberculosis. While either of the two regimens may be followed in immune-competent patients, daily regimen is desirable in immune-compromised individuals to minimize the incidence of relapse and failure of treatment [3]. The previous ATT status of the ten patients with positive history of pulmonary tuberculosis was not disclosed. Due consideration should have been given for an extended course of ATT with five drugs or use of second-line drugs against multidrug-resistant strains in the event of prior treatment failure or relapse in these patients.

In conclusion, the operating surgeon should share the responsibility for the selection of appropriate regimen of ATT as

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per the established guidelines in managing patients of proven abdominal tuberculosis. Strict adherence to the standard protocols is essential in curbing the growing menace of tuberculosis in our country.

Compliance of Ethical Standards

Conflict of Interest The authors declare that they have no competing interests.

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References

1. Wani M, Parvez M, Kumar SH, Naikoo GM, Jan M, Wani HA (2015) Study of surgical emergencies of tubercular abdomen in developing countries. *Ind J Surg* 77(3):182–185
2. World Health Organization (WHO) Global tuberculosis report 2014. Geneva: 2014. Available at: http://www.who.int/tb/publications/global_report/gtbr14_main_text.pdf
3. World Health Organization (WHO) Treatment of tuberculosis guidelines. 4th ed. Geneva: 2010. (WHO/HTM/STB/2009.420). Available at: http://whqlibdoc.who.int/publications/2010/9789241547833_eng.pdf?ua=1