

# Abdominal tuberculosis

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**ABSTRACT.** The problem of detecting and diagnosing abdominal tuberculosis (TB) remains difficult. Recently in Ukraine there has been an increase in extrapulmonary TB, including abdominal TB. In modern conditions, this localization of TB is a manifestation of a generalized process in HIV-infected people. The most commonly diagnosed lesions of the lymphatic system and the peritoneum. The liver and spleen in abdominal TB is affected in every third case (32.3 %). In most patients, TB of the abdominal organs develops as a result of lymph-hematogenous dissemination from the primary focus, progresses through contact from the mesenteric lymph nodes to the peritoneum and intestines. According to statistics, TB of the mesenteric lymph nodes is most often diagnosed (70 %), the ileocecal region and the peritoneum are affected in 12 % of cases. The clinical picture of abdominal TB is polymorphic, there are no pathognomonic symptoms, therefore, the diagnosis of damage to the abdominal organs is the most difficult in the field of phthiology. Diagnostic methods that are used: X-ray examination of the small intestine with a contrast agent, irrigoscopy, ultrasonography, computed tomography (CT), laparoscopy and laparotomy with sampling of material for morphological and bacteriological researches. The diagnostic value of CT with bolus enhancement is quite high: sensitivity is 95 %, specificity is 67.5 %. Given the difficulty of confirming the diagnosis of TB, in the case when the diagnosis is not confirmed culturally or histologically, and there is a reasonable suspicion of a specific lesion, which is based on clinical, endoscopic and radiological data, it is recommended to prescribe empirical treatment. Most patients respond positively to anti-TB treatment within 2 weeks. A clinical case of abdominal TB in an HIV-infected patient is described in this article.

**KEY WORDS:** abdominal tuberculosis, clinical picture, diagnosis, HIV infection.

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