

Intestinal Tuberculosis and Crohn's Disease

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Letter to Editor

Intestinal tuberculosis, though uncommon in the US and other western countries is fairly common in other part of the world. In 2013 for instance, the prevalence rate in the US was approximately 6 cases per 1,000,000 persons while in Africa, it was approximately 6 cases per 10,000 persons. It is a condition where *Mycobacterium tuberculosis* or *Mycobacterium bovis* cause infection in the intestines creating patches and lesions in the intestinal mucosa. Even though it can affect any part of the small or large intestines, it most commonly affects the ileocecal region and while anybody can contract this disease, it is more prevalent in developing countries and more common among immunocompromised patients [1].

Patients with this disease may show signs and symptoms such as fever, weight loss, abdominal pains, nausea and vomiting, diarrhea or constipation. Abdominal computed tomography and barium radiographic analysis may demonstrate skip lesions and segmental narrowing of ileum respectively. Due to this presentation, it is often misdiagnosed as Crohn's disease. However, establishing the right diagnosis and immediate initiation of appropriate treatment or intervention can go a long way to determine whether a patient's outcome will be favorable or fatal [2].

About 50% of patient with intestinal TB have pulmonary manifestation while patients with Crohn's disease do not have any accompanying pulmonary disease. Patients with pulmonary TB usually

exhibit extensive lymphadenopathy while patients with Crohn's disease do not. From the laboratory standpoint, while both conditions might present with elevated WBC, hypoalbuminemia, Anemia and elevated ESR, patients with intestinal TB will have positive Acid Fast Bacilli cultures of sputum and stool samples while positive stool cultures in Crohn's disease usually grow intestinal pathogens, most commonly gram negative bacilli. Finally, colonoscopy and histopathologic studies reveal multiple, large and confluent granulomas in intestinal TB while Crohn's disease shows infrequent, focal, microgranulomas with increased inflammation [3].

The mainstay treatment for Crohn's disease includes aminosalicylates, corticosteroids, biologic agents and immunomodulating agents while treatment for intestinal TB involves standard antituberculous regimens such as isoniazid and rifampin and in some complicated cases, surgical resection of portion of the intestine involved and temporary ileostomy.

References

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