

### Endoscopic Diagnosis of Colonic Tuberculosis: Unusual Presentation with Two Colonic Strictures

A 60-year-old patient presented with a six-month history of nonspecific abdominal pain and marked weight loss. His hemoglobin was 10 g/dl, and the erythrocyte sedimentation rate (ESR) was 80 mm/h. The chest radiograph was normal, and gastroscopy revealed gastritis. A barium enema showed narrowing of the splenic and hepatic flexures, without obstruction (Figure 1). Colonoscopy revealed a tight stricture and multiple nodules 2–4 mm in diameter at the splenic flexure (Figure 2). The tight stricture precluded examination beyond the splenic flexure. The histology of the nodules showed tuberculous granulomas composed of epithelioid and Langhans' giant cells with focal central caseation. A Ziehl-Neelsen stain showed acid-fast bacilli.

After two months of treatment with isoniazid, rifampicin, pyrazinamide, and ethambutol, and four months of isoniazid and rifampicin, he gained 10 kg in weight, and his hemoglobin and ESR values returned to normal. Colonoscopy showed a decrease in the number of nodules in the tight splenic flexure, and biopsies of the nodules showed only inflamed colonic mucosa. A barium enema showed persistent narrowings at the splenic and hepatic flexures. The patient remains well six months after treatment.

Colonic tuberculosis can be diagnosed in 60–80% of patients by colonoscopy (1,2). Rare cases of multiple segmental colonic involvement, with mucosal nodules occurring with a single stricture, have been reported (1,2). The present patient presented with two strictures affecting the splenic and hepatic flexures, a finding that has not been described previously. Colonic tuberculosis occurring together with colorectal cancer has been described (3). Although the hepatic flexure could not be accessed colonoscopically to exclude carcinoma, the fact that he improved with medical therapy made this possibility less likely. Most patients with tuberculous strictures respond to standard antituberculous drugs (2,4), although a few require surgery in spite of medical treatment (2). The diagnosis of colonic tuberculosis needs to be considered when multiple colonic strictures are observed.

S. S. Wong, E. Chow

Dept. of Medicine, Our Lady of Maryknoll Hospital, Hong Kong

#### References

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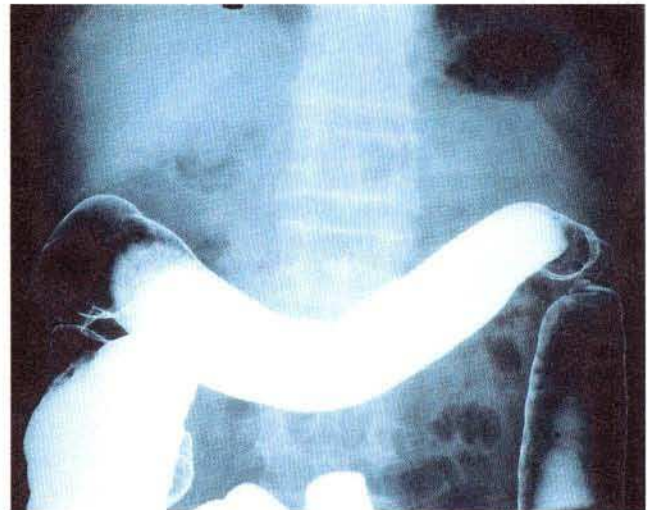


Figure 1: Barium enema examination, showing constricting lesions at the splenic and hepatic flexures.

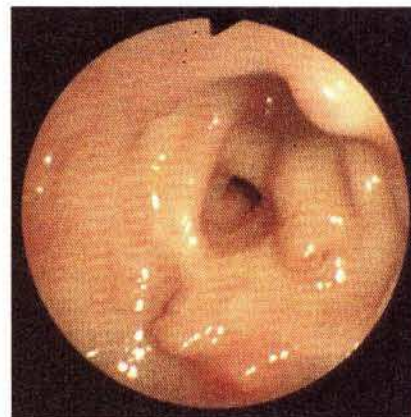


Figure 2: Colonoscopic view of tuberculosis at the splenic flexure, showing a tight stricture with nodules.

#### Corresponding Author

S. S. Wong, M.D.  
 Dept. of Medicine  
 Our Lady of Maryknoll Hospital  
 Shatin Pass Road  
 Wong Tai Sin  
 Kowloon  
 Hong Kong  
 Fax: +852-23 27 68 52