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Objective:

Intestinal tuberculosis is a rare extrapulmonary tuberculosis, especially involvement of appendix. It can present with chronic and nonspecific abdominal symptoms, often resulting in a delay in diagnosis. This study reports a long journey to diagnose Appendicular TB in a paediatric patient and its treatment outcomes.

Case:

A 3-years-old boy was admitted after complaining of non-bilious vomiting, fever, and lower abdominal pain for 5 days, and cough for 1 week. He had got several episodes of pneumonia for 1 year ago. His sister had pulmonary TB for 5 months ago, while both parents were negative. After a TB work-up 5 months ago, no positive results were obtained that supported TB either from chest X-ray examination, Tuberculin Skin test (TST), Interferon Gamma Release Assay (IGRA) or Rapid Molecular Test (RMT) sputum, and acid-fast bacilli test from gastric aspirate. He was planned to get TB therapy or TB prophylactic considering the history of his sister's disease who live in the same house, but his parents refused it because of negative result from all the TB tests.

From the physical examination at admission, a boy with a weight of 9.6 kg, 82 cm height looked cranky, abdominal pain, and moderately dehydrated. There is no lymph node enlargement. Examination of his abdomen revealed distended abdomen, rebound tenderness over the right iliac fossa and decrease in bowel sound. There is no mass or any other abnormality.

Plain abdominal X-ray revealed a small bowel obstruction. Perforated appendicitis was suspected from abdominal ultrasound.

Laparotomy exploration carried out soon and a perforated appendicitis was found. Appendectomy was done.

The histopathology examination revealed a Gangrenous appendicitis with periappendicular abscess, without specific process and malignancy; but a positive acid-fast bacillus was found in pathology anatomy sample examination.

He was diagnosed as Appendicular TB and treated using a 2-month regimen of Rifampicin/Isoniazid/Pyrazinamide/Ethambutol and 4 months of Rifampicin/Isoniazid. After 3 months of therapy, his appetite and weight rose significantly.

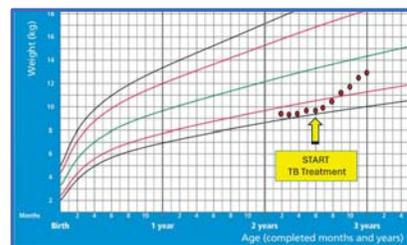


Conclusion:

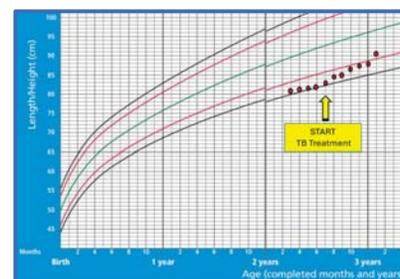
Establishing the diagnosis of Intestinal TB is still a challenge. A history of household TB contacts is very necessary to be used as an initial suspicion of diagnosing TB in children, supported by clinical symptoms and microbiological examinations.

Keywords:

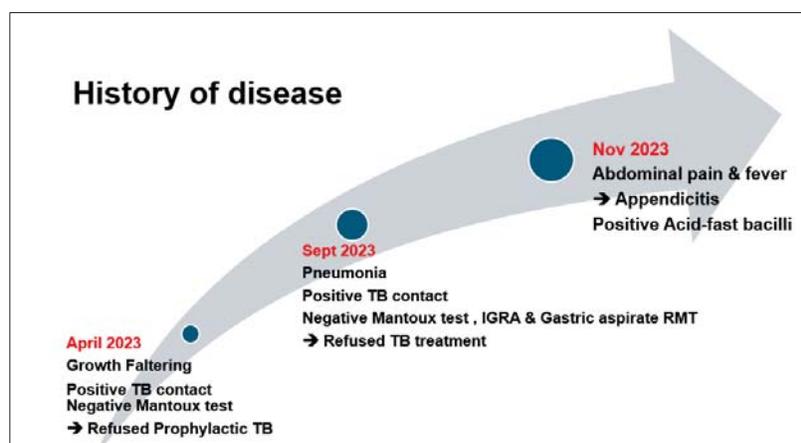
Intestinal tuberculosis, acute appendicitis, appendicular, peritonitis



Weight for age WHO Chart



Length for age WHO Chart





CERTIFICATE

PRESENTED TO

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1ST PEGASUS

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