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LETTER TO THE EDITOR

Gastrointestinal Tuberculosis in Golestan province- northeast of Iran: A 5-year report

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Sir,

Extra pulmonary tuberculosis (EPTB) is an important clinical problem (15-20% of TB cases). Patients may complain from general symptoms such as fever, anorexia, weight loss, weakness and fatigue and other non- specific signs and symptoms [1], [2], [3]. One important part of EPTB is gastrointestinal TB (GI TB). Clinicians often use clinical manifestations, radiological and endoscopic evidence and non-specific measures to diagnose gastrointestinal TB [1].

We collected all new data about TB cases reported between 1999 and 2003 in Golestan province, Northeast Iran. During this period, 1924 new cases of TB were registered, 740 (38.46%) had EPTB, and 39 cases (5.27% of EPTB) were treated for gastrointestinal TB. This percentage of EPTB and GITB is higher than other studies [4], [5], [6]. Among 30 remaining patients treated for gastrointestinal TB, most were females (2.75 times higher than males). The female predominance had been reported in other studies [7], [8], [9], [10], [11], [12]. It is documented that TB is due to a defect in cellular immunity, and sexual hormones have some effects on human immunity.

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The mean age of the patients was 32.03±13.73 years (median=27 years). Most of the cases (70%) were younger than 40-years-old. This is similar to other studies [1], [7], [8].But in the developed countries the EP TB often occurs in old age patients [2]. Only 7 patients (23.3%) expressed previous contact with pulmonary TB cases. None of them had a past history of pulmonary TB. Some studies suggested that most of the GI TB patients (or generally EP TB) had a past history of active pulmonary TB [1], [13]. Most of our patients had low socioeconomic levels and resided in rural areas. Other studies also reported that most of these patients live in poor or low economic areas [11], [14]. The site of involvement in 18 cases (60%) had been reported as gastrointestinal tract, there was no specific site of involvement reported in them. In 10 cases (33.3%), peritoneal TB and in remaining 2 patients (6.7%) oropharyngeal TB were reported.

The most frequent symptoms (except for generalized presentations like fatigue, weight loss, anorexia and fever) were abdominal pain and abnormal distension, concordant with other studies [7], [8], [11], [12]. We could not find clear scar of BCG vaccine in more than half of the patients (55.2%). It seems that cases without apparent BCG scar are at the higher risk for TB in the future. Patients were diagnosed as following: 1-Pathologic (18 cases, 66.7%); 2-Clinical and Para clinical (7 cases, 25.5%); and 3-Clinical suspicious to TB and therapeutic response (2 cases, 7.4%). Pathological methods are the most reliable policy for diagnosis of GI TB [13]. The lag time between the onset of symptoms and the definite diagnosis was longer than one month (1.54±0.51 months). In other countries, this lag time was about 50 days [15], [13], [2], [7].

We strongly suggest that in every young patient (especially women) with general symptoms of chronic disease and nonspecific gastrointestinal symptoms-specially in TB endemic area- a careful work-up would be made. Extra pulmonary TB can be an important curable differential diagnosis.

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