BOWEL CALCULUS (ENTEROLITHS) IN ABDOMINAL TUBERCULOSIS

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ABSTRACT

Abdominal tuberculosis with multiple enteroliths and small bowel strictures is rarely seen. An old age patient presented to emergency department with abdominal pain and vomiting. Abdominal radiograph of the abdomen revealed multiple radio-opaque shadows with laminated appearance. Differential diagnosis of enteroliths, multiple calcified lymph nodes and mesenteric fat necrosis were considered. On routine soft tissue window of contrast CT abdomen calcified shadows were obscured by oral intestinal contrast. But bone window revealed multiple hyperdense enteroliths. On laparotomy multiple small bowel stricture segments were resected, enteroliths were removed and end-to-end anastomosis was done. Chronic inflammatory pathology suggestive of tuberculosis was seen on histopathology. Enteroliths are of significance as they lead us to the diagnosis of the underlying surgical ailment. Due to their rarity they may be misdiagnosed and should be kept in mind.

KEYWORDS

Enteroliths, Small-Bowel, CT Scan, Tuberculosis.

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INTRODUCTION

Abdominal tuberculosis is frequently seen in India. Rare presentation may occur in form of multiple enteroliths with small bowel strictures. [1,2,3]

CASE SUMMARY

An old age patient presented to emergency department with abdominal pain and vomiting. Abdominal radiograph of the abdomen revealed multiple radio-opaque shadows of various shapes (round, oval or rectangular) in abdomen [Fig. 1]. Each of these shadows showed a peripheral dense rim with a central less dense area giving a laminated appearance. Differential diagnosis of enteroliths, multiple calcified lymph nodes and mesenteric fat necrosis were considered. Patient was further evaluated with contrast CT abdomen. Interestingly on abdomen window these calcified shadows were obscured by oral intestinal contrast. But bone window revealed multiple hyperdense lesions with dense rim and pale core in small bowel [Fig. 2]. Multifocal small bowel strictures with mesenteric and retroperitoneal lymphadenopathy was also seen. On laparotomy multiple small bowel strictures with enteroliths were found. All the enteroliths were removed; the strictures segment resected and end-to-end anastomosis was done. Chronic inflammatory pathology suggestive of tuberculosis was seen on histopathology.

DISCUSSION

Enteroliths are a result of sub-acute or chronic intestinal obstruction rather than a cause for obstruction. The lower part of the small intestine being alkaline is conducive to the precipitation of calcium and hence enteroliths in this location are radio-opaque. Enteroliths are of significance as they lead us to the diagnosis of the underlying surgical ailment. Due to their rarity they may be misdiagnosed and should be kept in mind.

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REFERENCES


Captions

Fig. 1: Abdominal radiograph showing multiple radio-opaque shadows (Arrows) with laminated appearance. Dilated small bowel loops also seen.

Fig. 2: Contrast Ct abdomen (Bone window) showing enterolith (White arrow) with laminated appearance in distal ileal loop.