EVALUATION FOR SUSPECTED ABDOMINAL TUBERCULOSIS

If diagnosis unclear
Refer for Laparoscopy

If diagnosis unclear
Refer for further evaluation (differentiating Crohn's disease is challenging)
Trial of Anti tubercular therapy with careful follow-up

HIV & blood sugar test should be done in all suspected patients as per NTEP guidelines

START ATT (2HRZE, 4HRE)

Clinical Assessment (4 & 8 weeks)
• No fever/pain, disappearance of abdominal distension, weight gain
• Assess ATT induced hepatotoxicity with serial LFTs
• Refer (Exclude MDR) Improvement +
• Complete ATT

Assessment for clinically diagnosed cases
• Peritoneal TB: Ultrasound for ascites (4-8 weeks)
• Intestinal TB: Ileo-colonoscopy (8-12 weeks)

TREATMENT:
• Start treatment & follow-up as per NTEP guidelines
• 1st line treatment for adults & children with abdominal TB: 2HRZE/4HRE
• Extend duration of treatment in cases of inadequate response
• Refers for surgical management for complications [intestinal obstruction (due to strictures), perforation]. Consider endoscopic dilatation for treatment for accessible strictures
• Refer for biliary drainage in case of Jaundice due to biliary obstruction (hepato-biliary obstruction/pancreatic TB)

REFERENCES
3. Indian Council of Medical Research and Department of Health Research, Ministry of Health & Family Welfare, Government of India. ABBREVIATIONS

ADA: Adenosine Deaminase
ALP: Alkaline phosphatase
ATT: Anti-Tubercular treatment
CT: Computed Tomography
EUS: Endoscopic ultrasound
FUO: Fever of Unknown Origin
GI: Gastro-intestinal
HRZE: Isoniazid; Rifampicin; Pyrazinamide, Ethambutol
LFT: Liver function tests
MIB: Magnetic Resonance
Mtb: Mycobacterium Tuberculosis
NAAT: Nucleic Acid Amplification Test
NTEP: National TB Elimination Programme
RIF: Rifampicin
SOL: Space occupying Lesion
SAAG: Serum Ascites Albumin Gradient
UDGE: Upper gastrointestinal endoscopy

Improvement
No improvement
Improvement +

Complete ATT
Refer (Exclude alternative diagnosis)
Refer (Exclude MDR)