

## STANDARD TREATMENT WORKFLOW (STW)

### Adult Abdominal Tuberculosis

Dhruva Chaudhry<sup>1</sup>, Ashutosh N Aggarwal<sup>2</sup>, Anil Kumar Jain<sup>3</sup>, Ashwani Khanna<sup>4</sup>, Camilla Rodrigues<sup>5</sup>, Jai Bhagwan Sharma<sup>6</sup>, Jyotirmay Biswas<sup>7</sup>, Kusum Sharma<sup>8</sup>, Mandira Varma-Basil<sup>9</sup>, Manish Modi<sup>10</sup>, Manjula Datta<sup>11</sup>, Narayan Jana<sup>12</sup>, Nitish Naik<sup>13</sup>, Priscilla Rupali<sup>14</sup>, Rajesh Malhotra<sup>15</sup>, Ramprasad Dey<sup>16</sup>, Ritesh Aggarwal<sup>17</sup>, Rohit Bhatia<sup>18</sup>, Roy Thankachen<sup>19</sup>, Sambit N Bhattacharya<sup>20</sup>, Thangakunam Balamugesh<sup>21</sup>, Uday Pratap Singh<sup>22</sup>, V Ramesh<sup>23</sup>, Vineet Ahuja<sup>24</sup>, Vishal Sharma<sup>25</sup>, Vishali Gupta<sup>26</sup>

<sup>1</sup>Pulmonary & Critical Care Medicine, Pandit Bhagwat Dayal Sharma Post Graduate Institute of Medical Sciences, Rohtak; <sup>2</sup>Pulmonary Medicine, Postgraduate Institute of Medical Education and Research, Chandigarh; <sup>3</sup>Orthopedics, University College of Medical Sciences, New Delhi; <sup>4</sup>National Tuberculosis Elimination Program, Govt of India, New Delhi; <sup>5</sup>Parmanand Deepchand Hinduja and Medical Research Centre, Mumbai; <sup>6</sup>Obstetrics and Gynaecology, All India Institute of Medical Sciences, New Delhi; <sup>7</sup>Uveitis & Ocular Pathology Department, Sankara Nethralaya, Chennai; <sup>8</sup>Medical Microbiology, Postgraduate Institute of Medical Education and Research, Chandigarh; <sup>9</sup>Microbiology, Vallabhbhai Patel Chest Institute, University of Delhi, Delhi; <sup>10</sup>Neurology, Postgraduate Institute of Medical Education and Research, Chandigarh; <sup>11</sup>ASPIRE Chennai; <sup>12</sup>Obstetrics and Gynaecology, Chittaranjan Seva Sadan College of Obstetrics, Gynaecology and Child Health, Kolkata; <sup>13</sup>Cardiology, All India Institute of Medical Sciences, New Delhi; <sup>14</sup>Infectious Diseases, Christian Medical College, Vellore; <sup>15</sup>Orthopedics, All India Institute of Medical Sciences, New Delhi; <sup>16</sup>Obstetrics and Gynaecology, Chittaranjan Seva Sadan College of Obstetrics, Gynaecology and Child Health, Kolkata; <sup>17</sup>Pulmonary Medicine, Postgraduate Institute of Medical Education and Research, Chandigarh; <sup>18</sup>Neurology, All India Institute of Medical Sciences, New Delhi; <sup>19</sup>Cardio-thoracic and Vascular Surgery, Christian Medical College Vellore; <sup>20</sup>Dr Baba Saheb Ambedkar Medical College & Hospital, Delhi; <sup>21</sup>Pulmonary Medicine, Christian Medical College, Vellore; <sup>22</sup>Urology, Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow, India; <sup>23</sup>Employees' State Insurance Corporation Medical College and Hospital, Faridabad; <sup>24</sup>Gastroenterology, All India Institute of Medical Sciences, New Delhi; <sup>25</sup>Gastroenterology, Postgraduate Institute of Medical Education and Research, Chandigarh; <sup>26</sup>Advanced Eye Centre, Postgraduate Institute of Medical Education and Research, Chandigarh

#### CORRESPONDING AUTHOR

Dhruva Chaudhry, Pulmonary & Critical Care Medicine, Pandit Bhagwat Dayal Sharma Post Graduate Institute of Medical Sciences, Rohtak, Haryana

Email: [dhruvachaudhry@yahoo.co.in](mailto:dhruvachaudhry@yahoo.co.in)

#### CITATION

Chaudhry D, Aggarwal AN, Jain AK, Ashwani Khanna, Rodrigues C, Sharma JB, Biswas J, Sharma K, Varma M, Modi M, Datta M, Jana N, Naik N, Rupali P, Malhotra R, Dey R, Aggarwal R, Bhatia R, Thankachen R, Bhattacharya SN, Balamugesh T, Singh UP, Ramesh V, Ahuja V, Sharma V, Gupta V. Adult Abdominal Tuberculosis. Journal of the Epidemiology Foundation of India. 2024; 2(1Suppl):S215-S216.

DOI: <https://doi.org/10.56450/JEFI.2024.v2i1Suppl.108>

*This work is licensed under a Creative Commons Attribution 4.0 International License.*

©The Author(s). 2024 Open Access

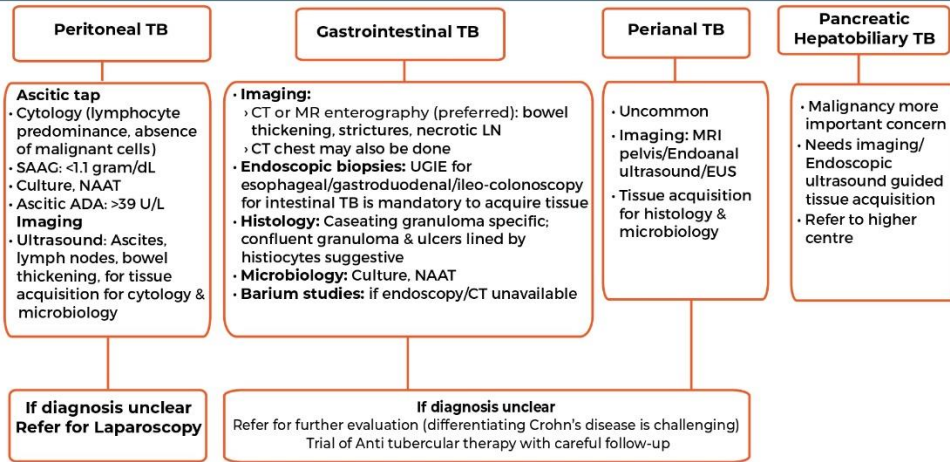
#### DISCLAIMER

*This article/STW, was originally published by Indian Council of Medical Research (ICMR) under Standard Treatment Workflow. The reprinting of this article in Journal of the Epidemiology Foundation of India (JEFI) is done with the permission of ICMR. The content of this article is presented as it was published, with no modifications or alterations. The views and opinions expressed in the article are those of the authors and do not necessarily reflect the official policy or position of JEFI or its editorial board. This initiative of JEFI to reprint STW is to disseminate these workflows among Health Care Professionals for wider adoption and guiding path for Patient Care.*

**Standard Treatment Workflow (STW) for the Management of  
ADULT ABDOMINAL TUBERCULOSIS  
ICD-10-A18.3**

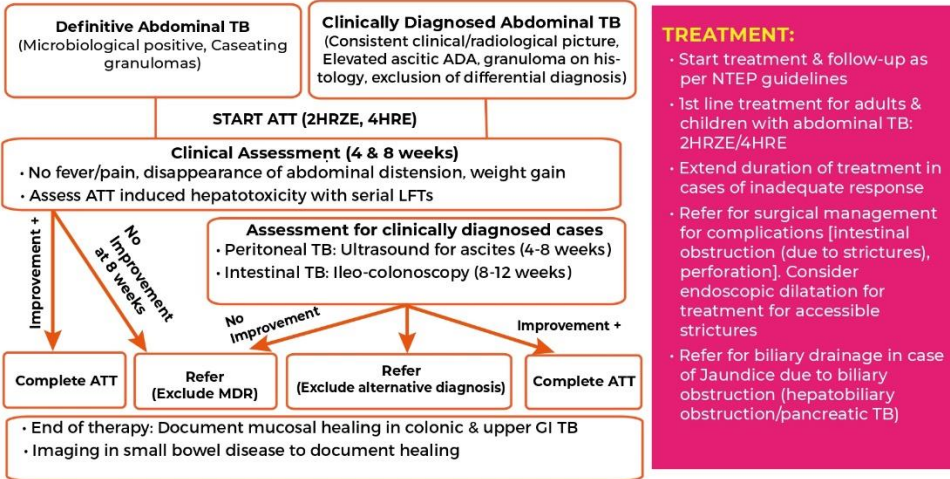
WHEN TO SUSPECT Any organ in abdominal cavity, including gut lumen & peritoneum may be affected						
PERITONEAL	INTESTINAL	ESOPHAGEAL	GASTRO-DUODENAL	PERIANAL	PANCREATIC	HEPATO-BILIARY
<ul style="list-style-type: none"> <li>Abdominal distension</li> <li>Pain abdomen</li> <li>Fever</li> </ul>	<ul style="list-style-type: none"> <li>Recurrent intestinal colic</li> <li>Partial/incomplete intestinal obstruction</li> <li>Chronic diarrhoea</li> <li>Weight loss</li> <li>Palpable mass abdomen</li> <li>Lower gastrointestinal bleeding</li> </ul>	<ul style="list-style-type: none"> <li>Dysphagia</li> <li>Odynophagia</li> <li>Hematemesis</li> <li>Constitutional symptoms</li> </ul>	<ul style="list-style-type: none"> <li>Gastric outlet obstruction</li> <li>Gastrointestinal bleed</li> </ul>	<ul style="list-style-type: none"> <li>Simple/Complex peri-anal fistula</li> <li>Persistent discharge</li> <li>Fistulae which recur after multiple surgeries</li> </ul>	<ul style="list-style-type: none"> <li>Abdominal pain</li> <li>Obstructive jaundice</li> <li>Dilated pancreatic or bile duct with (peri)-pancreatic mass or cyst</li> <li>Constitutional symptoms</li> </ul>	<ul style="list-style-type: none"> <li>FUO</li> <li>Hepatomegaly</li> <li>Jaundice</li> <li>Elevated ALP</li> <li>SOL</li> <li>Hepatic abscess</li> </ul>

**EVALUATION FOR SUSPECTED ABDOMINAL TUBERCULOSIS**



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

**FOLLOW UP**



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

**REFERENCES**

- National TB Elimination Programme, Central TB Division, Training Modules for Programme Managers & Medical Officers, Ministry of Health & Family Welfare, Government of India. <https://tb-india.gov.in/index1.php?lang=1&level=1&sublinkid=54&slid=3540> Last access on 08 March, 2022.
- Guidelines for programmatic management of drug resistant tuberculosis in India March 2021. National TB Elimination Programme, Central TB Division, Ministry of Health & Family Welfare, Government of India accessed at <https://tbcindia.gov.in/showfile.php?lid=3590> Last access on 08 March, 2022.

This STW has been prepared by national experts of India with feasibility considerations for various levels of healthcare system in the country. These broad guidelines are advisory, and are based on expert opinions and available scientific evidence. There may be variations in the management of an individual patient based on his/her specific condition, as decided by the treating physician. There will be no indemnity for direct or indirect consequences. Kindly visit our web portal ([stw.icmr.org.in](http://stw.icmr.org.in)) for more information.  
© Indian Council of Medical Research and Department of Health Research, Ministry of Health & Family Welfare, Government of India.