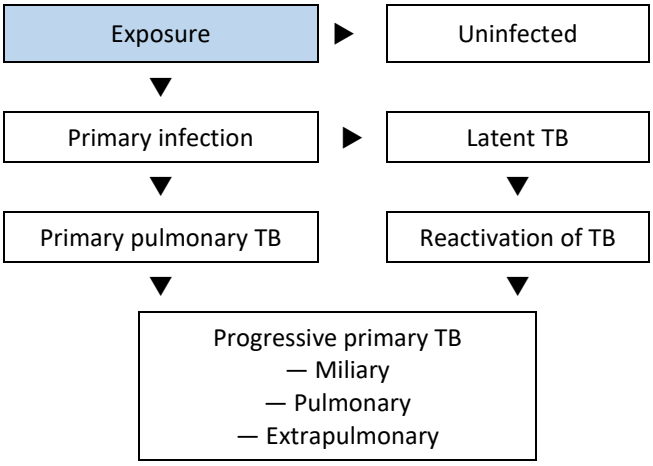

Fig. **1** Natural development of tuberculosis infection

Abdominal TB. Tuberculosis can involve any part of the gastrointestinal tract, from the mouth to anus (49%), peritoneum (42%), mesenteric lymph nodes (4%), and the solid viscera, including the liver and pancreaticobiliary system (5%) [13,16]. The most common site of involvement in intestinal TB is the ileocecal region, followed by the colon and jejunum.

- Abdominal TB is predominantly a disease of young adults.
- In a large case series, digestive tract tuberculosis was located in the upper gastrointestinal tract in 8.5% of cases, in the small bowel in 33.8%, in the large bowel in 22.3%, in the peritoneum in 30.7%, and in the liver in 14.6% [17].

2.2 Symptoms and physical signs

The symptoms and signs of gastrointestinal and peritoneal tuberculosis are nonspecific, and the diagnosis may be missed or delayed—resulting in increased morbidity and mortality.

Most patients with abdominal tuberculosis present with symptoms that have lasted from 1 month to 1 year. These patients may present with abdominal pain, wasting, weight loss in general, loss of appetite, fever, diarrhea, constipation, rectal bleeding, and edema [18]. The symptoms are usually of moderate intensity.

The presence of coexistent pulmonary TB significantly increases the frequency of fever and night sweats, weight loss, and pulmonary symptoms.

TB may be associated with a number of immune-mediated manifestations such as erythema nodosum, erythema induratum, reactive arthritis (Poncet disease) and uveitis, all of which may mimic extraintestinal manifestations of Crohn's disease [19–22].