

4.4 Empirical treatment

Empirical antituberculous drug treatment for 2–3 months may be considered appropriate in countries with a high prevalence of abdominal TB and if the clinical features are compatible—i.e., the clinical, radiographic, and endoscopic data are consistent with the diagnosis of abdominal TB and if other common diseases such as cancer, nonspecific inflammatory bowel disease, and other specific infections can be adequately ruled out [13].

The diagnosis of tuberculous enteritis can be taken as highly probable if the patient responds to treatment and if no relapse occurs at the end of follow-up [8].

Monitoring of the response should be carried out weekly for 4–6 weeks:

- Resolution of symptoms
- Weight gain
- Improving hemoglobin and a fall in C-reactive protein (CRP) levels are more sensitive than a fall in the erythrocyte sedimentation rate (ESR) in determining the response to TB therapy [52].

However, it is recommended that a TB diagnosis should be established before commencing treatment, for the following reasons [11,17]:

- A partial response to antitubercular therapy in patients with Crohn's disease and emergence of MDR tuberculosis restricts the usefulness of the response to ATT as a way of establishing the diagnosis of tuberculosis.
- Anti-TB treatment may have significant side effects and morbidity.
- Patients with CD who are treated with immunosuppressants have a higher risk of acquiring infections, including TB—this can lead to coexistence of two diseases.

When laparoscopy is not available or not affordable, and if patients are inoperable, ascitic ADA testing can be crucial for making a quick diagnosis of peritoneal tuberculosis and starting empirical anti-tuberculosis drugs.

In patients with a high index of suspicion of peritoneal tuberculosis and ADA > 30 IU, antituberculosis treatment can be started.

4.5 TB and Crohn's disease

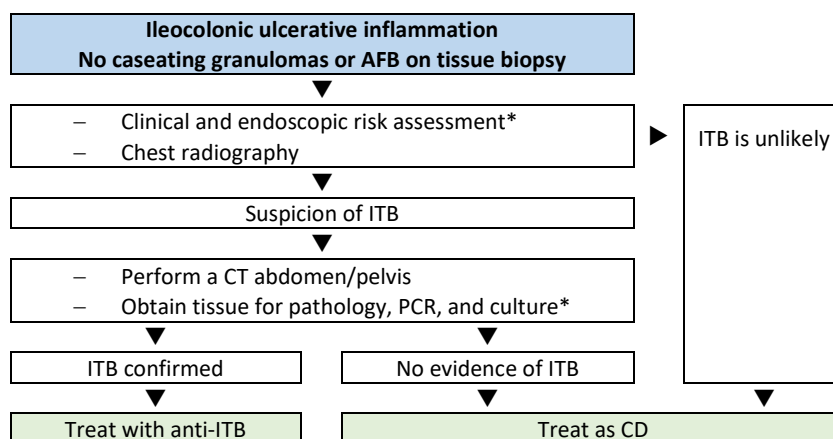


Fig. 2 Algorithm for the management of Crohn's disease (CD) versus intestinal tuberculosis (ITB) [17]. AFB, acid-fast bacillus; PCR, polymerase chain reaction.