Enteroclysis in gastrointestinal tuberculosis: an overview

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42-year-old female, working on a cow farm, without known comorbidities, complained of intermittent bowel movements (2 stools/day) lasting over 8 weeks, weight loss (6 kg), enduring low-grade fever, recurrent dry cough, asthenia and occasionally pain in the right lower abdominal quadrant. Physical exam revealed superficial abdominal tenderness, painful at palpation, narrowed to the right lower quadrant. Lab results within normal range. Positive SARS-CoV-2 nasopharyngeal swab test (RT-PCR). Negative stool testing. Normal chest X-ray. HIV negative. Abdominal high resolution computed tomography scan: swelling of the terminal ileum, extended low-density nodes. Received [1–3]: Hydroxychloroquine 400 mg daily (5 days), Lopinavir/Ritonavir 800 mg/200 mg daily (7 days), Dexamethasone 20 mg tab daily (5 days), Azithromycin 500 mg tab daily (5 days), Heparin Sodium 5000 IU injection daily (5 days). Barium follow-through examination (Figure 1A) displayed the Fleischner sign [4]. Bronchoalveolar washing and gastric aspirate negative for acid-fast bacilli. The biopsy sample taken during colonoscopy (Figure 1B) revealed multiple tubercle bacilli (Ziehl-Neelsen staining) [5]. Based on national anti-tuberculosis regimen, successful treatment was initiated for 24 weeks. Gastrointestinal tract is the 6th site of extrapulmonary tuberculosis (TB). Enteroclysis followed by barium enema is the best protocol for evaluation of gastrointestinal TB. COVID-19 may determine an immunosuppressive reaction. This can activate latent TB!

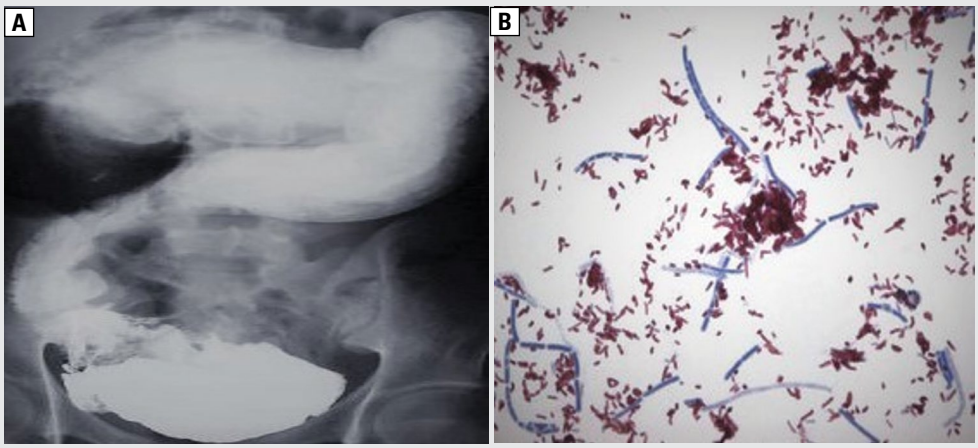

Figure 1. A. Barium enema revealing „Fleischner sign" (inverted umbrella defect). **B.** Histopathological exam of the intestinal mucosa seen through an optical microscope (oil immersion, 1000 × magnification), carbol fuchsin stain

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