

## Case Report

# Caecal Perforation from Primary Intestinal Tuberculosis in Pregnancy

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The incidence of tuberculosis (TB) is rising worldwide, despite the efficacy of the BCG vaccination. Populations at greatest risk of contracting TB are migrant communities, as well as immunocompromised individuals. The diagnosis of extrapulmonary TB (EPTB) can often present as a diagnostic conundrum, due to its nonspecific and varied presentation, often mimicking inflammatory bowel disease or malignancy. We present a case of caecal TB in pregnancy, which resulted in caecal perforation, a right hemicolectomy, and severe preterm delivery. The aim of this case report is to discuss the diagnosis of extrapulmonary TB, as well as its subsequent management in pregnancy.

## 1. Introduction

TB remains a global epidemic, with an estimated 10.4 million new cases diagnosed worldwide in 2015. Of these, there was a slight male preponderance, 56% of all new cases, as compared to 34% for women. TB in children contributed to the remaining 10% of new cases. TB mortality rates are alarmingly high and in 2015, approximately 1.8 million deaths were attributable to TB, amongst whom those coinfected with Human Immunodeficiency Virus (HIV) made up a quarter of total deaths [1].

The diagnosis of EPTB can often present as a diagnostic conundrum, due to its nonspecific and varied presentation, often mimicking inflammatory bowel disease or malignancy. Immunocompromised individuals have been found to be more susceptible to EPTB [2] and this may explain its relative predominance in the young female population, as pregnancy is a state of relative immunocompromise.

Abdominal TB accounts for 11% of all EPTBs, with the most common site of involvement being the ileocaecal region [2]. Postulations for the propensity for ileocaecal involvement have included increased physiological stasis and

fluid absorption and reduction in digestive activity, as well as the abundance of lymphoid tissue in this region (Peyer's patches) [3].

Symptoms of abdominal TB include chronic abdominal pain, abdominal distension, fever, night sweats, and loss of appetite, as well as rapid and significant weight loss. In diagnosing abdominal TB, a high index of suspicion is required, as the clinical signs are often nonspecific. Pregnancy further confounds clear diagnosis, as pregnancy related abdominal pains such as preterm labour and placental abruption have to be considered. Medical and surgical causes of abdominal pain, such as inflammatory bowel disease, appendicitis, acute pyelonephritis, and colorectal cancer, have to also be excluded.

Diagnostic and treatment modalities, even in pregnancy, are similar to the nonpregnant population.

## 2. Case Presentation

Patient was 31-year-old female and 15 weeks into her second pregnancy, when she commenced her antenatal care. Her