Introduction

Definition: it is a potentially fatal contagious specific infectious disease that can affect almost any part of the body but is mainly an infection of the lungs and one of these parts of the body that can be affected is the intestine.

Tuberculosis (TB) remains to be one of the most common problems affecting patients in developing countries where poor sanitary conditions, overcrowding and malnutrition exist ***(Faustian and Marshall, 1995).***

But recently there are evidences of Reappraisal of T.B. in developed western countries as a problem, T.B. in New York City is not rare as 989 cases were reported in 2005, However the World Health Organization (WHO) estimates that the largest number of new T.B. cases in 2005 occurred in the South-East Asia Region, which accounted for 34% of incident cases globally ***(Jones, 2008).***

The tuberculosis epidemic is expanding and currently a third of the world population is infected, the majority residing in the developing world. ***(Raviglione and Smith, 2007).***

The discovery of dihydrostreptomycin, aminosalicylic acid, and isoniazid in the late 1940s and early 1950s meant that tuberculosis was now entirely curable in virtually all patients in industrialized countries ***(South and Lincoln, 2007).***

Intestinal tuberculosis is one of the earliest known diseases of mankind. *Hippocrates*, as early as 460 B.C., remarked about abdominal tuberculosis, 'that the diarrhea attacking a person with chronic cough is a mortal symptom'. The association of pulmonary tuberculosis with inflammatory intestinal lesions was, however, recognized only as late as 1643 by *"Virordt".* ***(Wong, et al, 2007).***

Hoon et al, originally classified the gross morphological appearance of the involved bowel into ulcerative, ulcerohyperplastic and hyperplastic varieties ***(Sharma, 2004).***

although that Intestinal tuberculosis most commonly cause mucosal ulcerations or scarring and fibrosis with narrowing of the lumen. Patients may be without symptoms or complain of chronic abdominal pain, obstructive symptoms, weight loss, and diarrhea. An abdominal mass may be palpable. Complications include intestinal obstruction, hemorrhage, and fistula formation. The purified protein derivative (PPD) skin test may be negative, especially in patients with weight loss or AIDS, Barium radiography may demonstrate mucosal ulcerations, thickening, or stricture formation. Colonoscopy may demonstrate an ulcerated mass, multiple ulcers with sleep edges and adjacent small sessile polyps, small ulcers or erosions, or small diverticula ***(Mcphee, et al, 2008).***

Most patients with abdominal TB can be treated with anti TB therapy alone but some may require surgery to relieve the obstruction either by strictureplasty or resection and anastomosis. Operative findings of clear straw colored ascites, peritoneal tubercles, adhesions, enlarged mesenteric lymph nodes, hypertrophic ileocecal, colonic lesions and short fibrotic intestinal strictures, suggest the diagnosis of abdominal TB. Multiple strictures in small intestine may be present**.** During operation, conservative surgical procedures are recommended e.g. limited segmental ileocaecal resection is performed in patients with ileocecal lesion. Strictureplasty is performed for small intestinal strictures. Resection and anastomosis is performed in patients with tight strictures that almost totally obliterate the lumen, Patients with acute abdomen require emergency laparotomy ***(Iqbal, et al, 2008).***

Aim of the work

The aim of the essay is to throw some light on Tuberculosis focusing on Intestinal Tuberculosis as a vague surgical problem. Discussing its diagnosis (clinical, laboratory, radiological), differentiating it from other diseases that give similar clinical picture, the methods of treatment medically and surgically and how to avoid the infection with TB. Also giving a hint on surgical anatomy and histology of small and large intestine that can be affected by intestinal TB.