

## 小腸結核の2例

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### Tuberculosis of the small intestine —Report of two cases—

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#### Abstract

We had experienced two patients with intestinal tuberculosis who underwent resection under laparoscopy. In the first case, a 41-year-old male was admitted to the hospital because of slight abdominal pain. A lower intestinal infusion contrast radiogram and colonoscopy showed multiple ulcers of the ileum. A biopsy specimen obtained from the ileum showed a positive finding for tuberculosis. He had developed an intestinal obstruction after being administered the following drugs, isoniazid, rifampicin and ethanbutol hydrochloride. Small intestine enema showed a narrowed section at the end of the ileum. The operative findings under laparoscopic control revealed the ileocecal valve to be clumped due to inflammation. Histologically, fibrotic change was found in the submucosal and proper muscle layer. In the second case, a 47-year-old male presented who had previously undergone an ileocecal resection at other hospital because of repetitious abdominal pain which was not considered to be due to medication. Histologically, Crohn disease was suspected from the findings of inflammatory cells and non-caseous epithelioid granuloma. He was clinically diagnosed to have a stenosis of intestinal tuberculosis accompanied by pulmonary tuberculosis based on the findings of a small intestinal infusion contrast radiogram. A pathological study after a laparoscopic resection showed fibrosis in all layers of the small intestine and granulomas in the mesenteric lymph nodes. Intestinal tuberculosis should thus be kept in mind in the differential diagnosis of inflammatory bowel disease. A laparoscopic resection of intestinal tuberculosis is therefore considered to be a useful treatment for such cases due to its reduced invasiveness surgery and the fact that it allows for the early re-administration of anti-tuberculosis medication.

**Key words:** intestinal tuberculosis, laparoscopic surgery

#### はじめに

本邦では肺結核の減少に伴い、腸結核症例も著明に減少してきている。しかし、最近でも時に遭遇する疾患であり、炎症性腸疾患の鑑別の際には常に鑑別診断の一つとして考慮するべき疾患である。今回、我々は腸結核に

よる回盲部の高度の狭窄のため食事摂取不能となり、腹腔鏡下に回盲部切除施行した症例とCrohn病との鑑別が困難であった小腸結核例を経験したので、若干の文献的考察を加え報告する。

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