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= Abstract =

A Case of Intestinal Tuberculosis with Protein-calorie Malnutrition

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The frequency and severity of intestinal tuberculosis are decreased due to socioeconomic development, pasteurization of milk and more effective anti-tuberculous chemotherapy. But in recent year, HIV-infected patients are known to be at high risk of developing tuberculosis. The pathogenesis of intestinal tuberculosis is dependent on a immune state and nutritional status of the patient, the tuberculosis amount of sputum and tuberculosis toxicity. The diagnosis of intestinal tuberculosis is usually difficult because of non-specific clinical features and radiological signs. Chronic diarrhea in intestinal tuberculosis is able to produce a malnutrition, marasmus, kwashiorkor or the combined form. The treatment is anti-tuberculous chemotherapy for 12-24 months, but operation should be considered to intestinal perforation, obstruction, fistula formation and massive bleeding. The study about kwashiorkor in intestinal tuberculosis is rare in recent years, we should remind that tuberculosis is still prevalent disease in Korea. We report a ten year-old boy with ileocecal tuberculosis who presented with kwashiorkor, severe malnutrition with review of literature.

**Key Words :** Intestinal tuberculosis, Kwashiorkor

0.22%

2). WHO

가 10 1985 213.6

가 1997 57.3

6.4 3).

1).

1995 7

X 1.03%,

가 가 . 가<sup>4)</sup> 2.8 kg BCG . 가 1 . 1994 (1994 3 ) , 1994 5

5) , Logan<sup>6)</sup> prednisolone cyclophosphamide . probable tuberculosis : 5

7) : 5 6.5 kg 가 . 37.4 , 1 26 /min, 110/70 mmHg, 30 kg(25 50 ), 138 cm(50 ), 53 cm (50 75 ) .

: , , 10 4 : 가 : 38

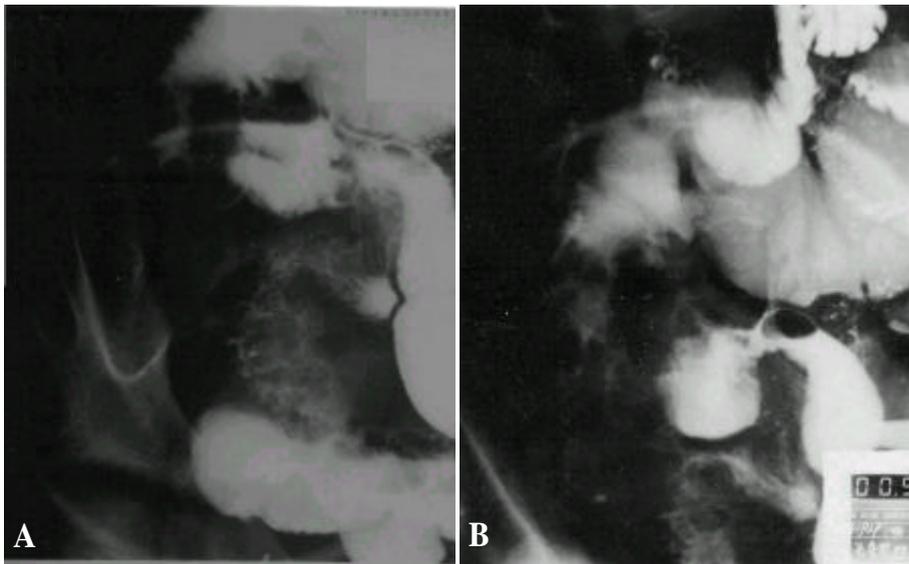
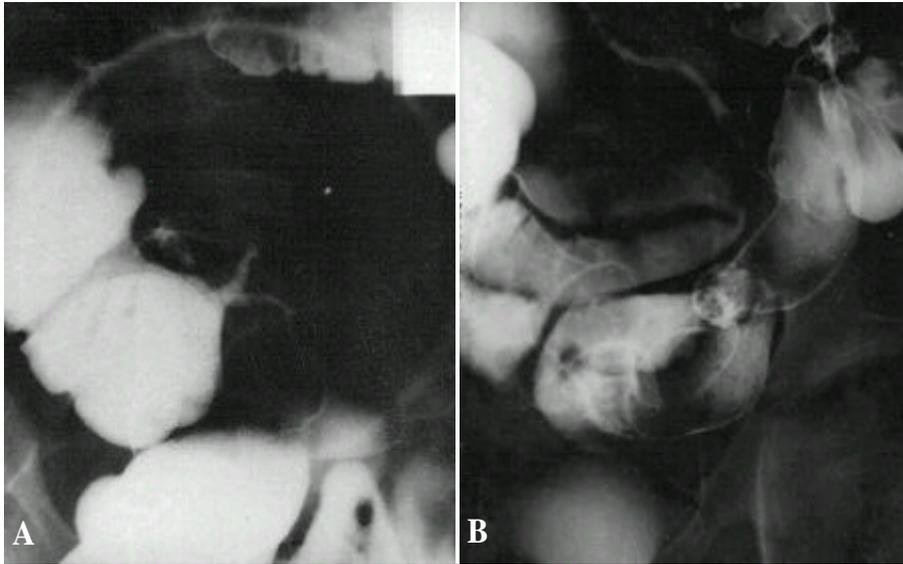


Fig. 1. Barium enema at the time of diagnosis. Marked narrowing of lumen in cecum and distal ascending colon with mucosal irregularity. Mucosal irregularity, stricture in terminal ileum and ileocecal valve.



**Fig. 2.** Barium enema after anti-tuberculosis medication. More improved state of contraction of terminal ileum with small nodularity.

(Hgb 8.0 gm/dL, Hct 25%, MCV 74 fL,  
 MCH 24 pg/cell, MCHC 33 mg/dL RDW 20.4%)  
 7,100/mm<sup>3</sup>,  
 105 mm/hr .  
 4.8 gm/dL, 1.9 gm/dL, Ca 7.1 mg/dL,  
 114 mg/dL, 7.00 IU/L,  
 49 IU/L, AST 16 IU/L, ALT 8 IU/L  
 . Widal

CT  
 :  
 , 가, 가  
 가 . 14  
 ,

(Fig. 2).

(5  
 TU) 20×20 mm .  
 (3 ) , Hgb 11.4 gm/dL, Hct 35%,  
 45 mm/hr, 5.9 gm/dL,  
 3.2 gm/dL .

가  
 8)  
 (ma-  
 rasmus)  
 - (kwashiorkor)  
 1) .

(Fig. 1).



13) (hyperemic)  
 (Crohn's disease)  
 15) (34 71%)  
 17)  
 17)  
 17)  
 3 3  
 17) 21)  
 , CRP stian<sup>15)</sup>  
 4가 가  
 15) (5 TU) (87%)  
 11) , BCG  
 가 가 가 가  
 6 57%  
 18)  
 (Sterlin sign), string sign, Flei-  
 shner's sign, single filling defect,  
 19)  
 12 24

90%  
14

가

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