EARLY DIAGNOSIS OF ILEOCECAL TUBERCULOSIS ON SMALL BOWEL ENEMA

Pages with reference to book, From 171 To 172

Madam,

Through the courtesy of your journal I would like to share with readers our initial experiences with small bowel enema in the diagnosis of small bowel diseases. Smailbowelis that part of gut which is inaccessible by direct visualisation while histopathological and biochemical findings are generally representative of generalized pathology. Recently much interest has been generated in the double contrast enema of small bowel1 in early diagnosis and proper evaluation of small bowel disease. Our technique is a slight modification of Herlinger technique described by Herlinger2. We are using 150cc of 125% v/v solution of Polibar (EZ-EM) and Micropaque (Nicholas), these are taken in the proportion of 1.5:1 respectively. A solution of 5% Carboxymethylcellulose which is kept cold by placing it overnight in refrigerator is then pushed. The speed varies accordingly to get a double contrast effect. Multiple spot films and over head films are then taken in various positions. In our initial experience with 200 patients we were able, to diagnose early tuberculosis, malabsorption, strictures, adhesive intestinal obstructions, peritoneal metastases fistulae and lymphoma. Our diagnostic yield has been nearly 35% and with this technique, we have been able to guide physicians to abnormal areas. The data and followup is under analysis. We feel that this investigation can be very helpful in the diagnosis and better evaluation of small intestinal pathologies especially early tuberculosis. Meanwhile, I would request readers especially gastroenterologists to give us some feedback regarding intestinal diseases and the role this diagnostic modality can play in their early diagnoses.

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2. Herlinger, H.A modified technique for the double contrast small bowel enema. Gastrointes. Radiol., 1978; 3 : 201.