

Spontaneous Bladder Perforation Due to Tuberculosis

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LETTER TO THE EDITOR

Dear Editor:

I read with interest the manuscript by Sallami et al [1] on the spontaneous intraperitoneal perforation of the bladder secondary to tuberculosis. It is indeed sad to note that the patient died a day after surgery without reinstating anti-tuberculosis treatment.

What puzzles me is that the clues to the diagnosis were already there (ie, the previous history of pulmonary tuberculosis, chest x-ray showing miliary tuberculosis and the fact that tuberculosis is prevalent in Tunisia). The authors even alluded that the intraoperative findings were suggestive of chronic infection and they had suspected tuberculosis. Anti-tuberculosis treatment should have been instituted empirically and this has been shown to be effective in 2 previous cases reported where the patients survived [2,3].

This case report highlights the need for surgeons to be vigilant and institute immediate empirical anti-tuberculosis treatment when a diagnosis of tuberculosis is suspected. Waiting for a confirmatory test like the urine culture on Lowenstein-Jensen media or histological diagnosis of acid-fast bacilli would take too long and would be detrimental to the patient. Tuberculosis responds well to anti-tuberculous treatment (eg, rifampin, isoniazid, pyrazinamide, and ethambutol or streptomycin).

Therefore, the message is clear that all doctors should be made aware of the emerging scourge of tuberculosis and the different presentations or complications that tuberculosis can manifest. Indeed, early and proper treatment saves lives.

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