

### Endoscopic Balloon Dilatation of Ileal Stricture Due to Tuberculosis

Balloon dilatation of small-bowel strictures is an attractive alternative that has been successfully used to treat ileal strictures due to Crohn's disease (1). However, there are few data on balloon dilatation of ileal strictures due to tuberculosis (2).

A 45-year-old man presented with a history of recurrent episodes of subacute intestinal obstruction over a period of 18 months. A barium meal follow-through and barium enema showed narrowing in the terminal ileum. Colonoscopy revealed multiple superficial ulcerations in the cecum, with narrowing in the terminal ileum. A colonoscope could not be passed through the narrowed area. Cecal biopsies and a crush smear of biopsy tissue revealed epithelioid granulomas and acid-fast bacilli (*Mycobacterium tuberculosis*). Despite two months of antitubercular therapy, the symptoms persisted. Colonoscopy after two months showed persistence of the stricture (Figure 1). At this stage, balloon dilatation was performed. Under endoscopic vision, a deflated TTS balloon (Rigiflex, Microvasive) was passed through the biopsy channel of the colonoscope and positioned within the stricture in the terminal ileum (Figure 2). The balloon was inflated with 10 ml air. Successful dilatation was confirmed by the ability to move the inflated balloon to and fro within the strictured area without difficulty. After dilatation a colonoscope (outer diameter 13 mm) could be passed through the stricture area. A repeat barium enema showed dilatation of the stricture. The patient has been free of symptoms for the last 11 months.

Balloon dilatation of a tubercular stricture is an easy and safe alternative to surgery, although the procedure is technically demanding. Patients with short and fibrous strictures, as in the present case, are amenable to balloon dilatation (3), obviating the need for surgery.

D. K. Bhasin, B. C. Sharma, S. Dhavan,  
A. Sethi, S. K. Sinha, K. Singh  
Dept. of Gastroenterology,  
Postgraduate Institute of  
Medical Education and Research,  
Chandigarh, India

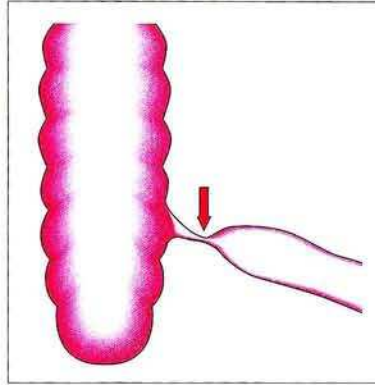


Figure 1: Stricture in the terminal ileum (arrow).

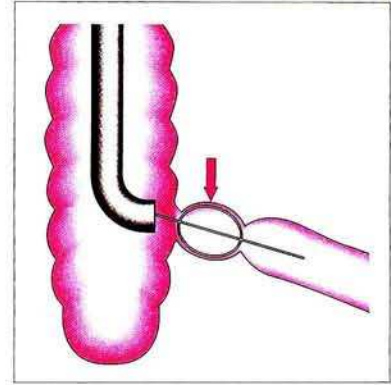


Figure 2: Inflated balloon in the stricture of the terminal ileum (arrow), positioned endoscopically.

#### References

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3. Elhence IP. Abdominal tuberculosis as observed by a surgeon. *Indian J Tuberc* 1970; 26: 59-61.

#### Corresponding Author

D. K. Bhasin, M.D.  
H. No. 1037  
Sector 24 B  
Chandigarh 160023, India  
Fax: +91-172 540401