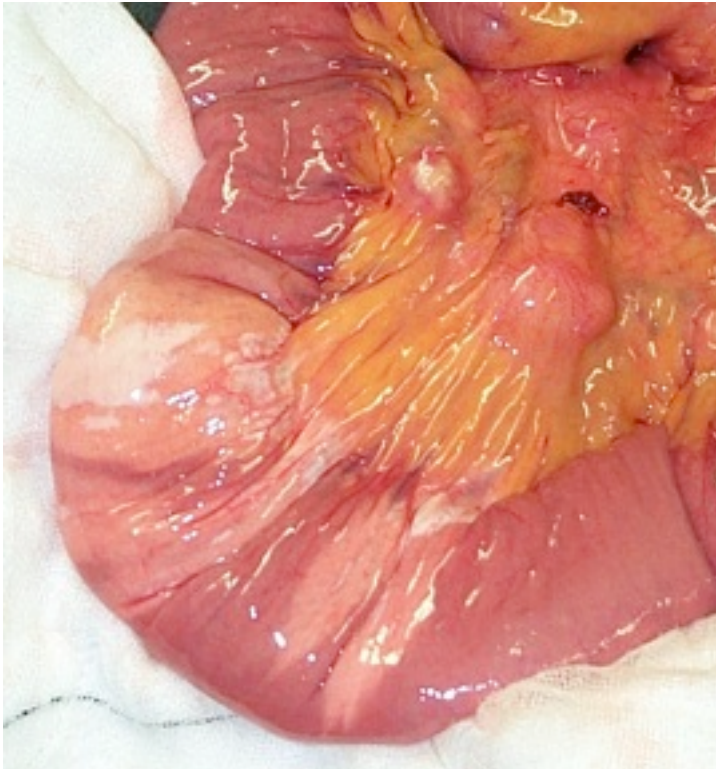


Case Study:

45 y.o. woman from Asangamut on the Yuat River (ESP) presents with some months of abdominal pain and on examination has a mobile central abdominal mass. At laparotomy the above was found – 1. Multiple white patches along much of the small bowel surface, and 2. Large hard mesenteric lymph nodes, some with yellow discoloration.

Discussion: See below.



Case Study: (from page 2) Abdominal Tuberculosis.

Abdominal mass is not uncommon in cases of abdominal T.B. This is usually due to enlarged mesenteric lymph nodes which may be matted together, and may rupture, causing spread to the abdominal cavity. In these cases ascites may obscure the mass if present. Resolution is usually complete on chemotherapy. Even large masses fade away. (2.)

In this case the woman recovered fully, although treatment was complicated by praziquantel induced hepatitis.