

We are a group of gastroenterologists working at the Postgraduate Institute of Medical Education and Research, Chandigarh, India.

Tuberculosis remains an important concern for all of us in India and the national strategic plan aims to eradicate TB by 2025. Our aim is to assess the practices in the management of abdominal tuberculosis. Ninety percent of test participants took < 9 minutes to complete the survey. We request you to provide answers as per your practices in the clinic. The survey is not intended to test the knowledge but to evaluate the clinical practices in patients of abdominal tuberculosis.

We assure you that we shall maintain complete anonymity. Email id will be collected to ensure a single response per person. We thank you for your participation

Thanking you

Dr. Vishal Sharma

Dr. Saurabh Dawra

Prof Usha Dutta

Prof. Rakesh Kochhar

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Chandigarh, India**

The survey is now archived and the questions which were asked are available below

PART A: Demographics

Q. Please tell us where you work

- A. Government Medical College
- B. Private Medical College
- C. Group Practice
- D. Corporate Hospital
- E. Individual Practice
- F. Govt non teaching hospital
- G. Others (Please specify)_____

Q. What is your current location

Options: name of States and Union Territories

Q. City/ District where you work

Q. Which best defines you

- A. General Physician
- B. Internal Medicine Specialist
- C. Gastroenterologist
- D. General Surgeon
- E. Gastrosurgeon

F. Other (please specify)_____

Q. Your gender

- A. Male
- B. Female

Q. Age in years (choose one)

- A. 20-29
- B. 30- 39
- C. 40-49
- D. 50-59
- E. 60 -69
- G. 70 or above

Q. How many years after specialist (MD or MS) training have you been in practice

- A. 0 (Still in training)
- B. < 1
- C. 1-4
- D. 5-9
- E. >10

PART B: Clinical features

Q. Why do you refer your patients with abdominal tuberculosis to the DOTS center after establishing a diagnosis of abdominal tuberculosis (multiple options can be selected) * Check all that apply.

For registration

For drugs

For CBNAAT (GeneXpert) testing Do not refer

Other: _____

Q. How many patients with abdominal tuberculosis do you see in a month (Both intestinal and peritoneal) (Choose one) *

<1

1-5

6-10

> 10

Q. What are the commonest three symptoms which would make you suspect abdominal tuberculosis (Choose any three) *

Abdominal Pain

Abdominal Distension

Abdominal lump

Fever

Jaundice

Intestinal obstruction

GI bleed

Weight loss

Other: _____

Q. What are the common physical findings you usually see in a patient of abdominal tuberculosis (Choose any three) *

Peripheral lymph nodes

Ascites

Lump abdomen

Icterus

Anemia

Pedal Edema

Other: _____

Q. What underlying risk factors you usually consider while evaluating a patient with abdominal tuberculosis (Choose any number of options) *

Pulmonary tuberculosis

HIV

Diabetes

Cirrhosis

Other Immunocompromised states

Low Body Mass Index (BMI)/ Malnutrition

Family history or contact

Low socioeconomic status

Healthcare worker

Other: _____

Q. What investigations would you ALWAYS advise in a case of suspected abdominal tuberculosis (Choose any number of options) *

Ultrasound (USG Abdomen)

Contrast Enhanced Computerized Tomography (CECT Abdomen)

Erythrocyte sedimentation rate (ESR)

X-ray (Chest)

Mantoux test

C-reactive protein

HIV serology

Interferon gamma release assay (TB Gold OR Quantiferon)

Fecal Calprotectin

Other:_____

Peritoneal Tuberculosis

Q In a patient with suspected peritoneal tuberculosis what tests would you usually advise in the peritoneal fluid (Choose three best options) *

Ascitic tap not required

Adenosine deaminase

Interferon gamma

Cytology

Gene xpert

Routine PCR (IS6110)

AFB Culture

AFB Staining

Q. What is the cut off value of Adenosine deaminase (ADA) in ascitic fluid level which you consider to diagnose tuberculous ascites (Choose one best option) *

15 IU/L

20 IU/L

30 IU/L

35 IU/L

40 IU/L

60 IU/L

Q. If you have a small amount of fluid obtained on paracentesis, which single test which would you usually order for suspected tubercular ascites (Choose one) *

Adenosine Deaminase

Cytology for malignant cells

Acid Fast Bacilli (AFB) stain

Culture

Gene Xpert

Biochemistry(Glucose/ LDH/Cholesterol)

MGIT (Liquid Culture)

Q. Have you encountered a case of 'Tubercular abdominal cocoon'

Yes

No

Q. What specific dietary advice do you provide to a patient with peritoneal tuberculosis (Choose any number of options) *

High protein diet

High calorie diet

High fiber diet

Low fiber diet

Q. How do you assess response to therapy in peritoneal TB (Choose any number) *

Fever resolution

Weight gain

Resolution of ascites clinically

Resolution of ascites on ultrasound

Increased appetite

Inflammatory markers like CRP

Do not check response

Other:_____

Intestinal Tuberculosis

Q In a patient with suspected intestinal tuberculosis what tests would you usually advise in the tissue biopsy obtained by endoscopy or surgery (Choose any three you would advise) *

Histopathology

Gene xpert

Routine PCR (IS6110)

AFB Staining

AFB Culture

MGIT (Liquid Culture) Other:

Q When would you favour a diagnosis of Abdominal tuberculosis over Crohn's disease (Choose any number of options) *

Presentation with chronic diarrhoea

Presentation with bloody diarrhoea

Presence of ascites

Large (>1 cm) or Necrotic lymphnodes

Long duration of illness

Weight loss

Presence of fever

Mantoux positivity

Abnormalities on X- ray (Chest)

Symptom resolution on antitubercular therapy (ATT)

Other:

Q. What specific dietary advice do you provide to a patient with intestinal tuberculosis (Choose any number of options) *

High protein diet

High calorie diet

High fiber diet

Low fiber diet

Do not provide any dietary advice

Q How do you assess response to therapy in intestinal TB (Choose any number of options) *

Fever resolution

Weight gain

Disappearance of abdominal pain

Increased appetite

Healing of ulcers on repeat colonoscopy

Do not check response

Inflammatory markers like CRP

Fecal markers like calprotectin

Other:

Management

How commonly have you encountered drug resistance in a case of abdominal tuberculosis (peritoneal or intestinal) (Choose single best option) *

Never

< 5 cases

5-10

In which situation would you suggest surgery to your patients with abdominal tuberculosis(Choose any number of options) *

Diagnostic laparoscopy in most cases

Diagnostic laparoscopy in undiagnosed /suspected peritoneal tuberculosis

Recurrent/ Relentless intestinal obstruction

Asymptomatic Strictures

Abdominal cocoon if symptomatic

All abdominal cocoon

All intestinal strictures

Symptomatic strictures

Symptomatic strictures not reachable by endoscopy

Other:_____

What is the usual duration of treatment prescribed by you for most cases of abdominal tuberculosis *

06 months

09 months

12 months

18 months

Other:_____

How do you monitor LFTs in patients receiving antitubercular therapy (ATT) (Choose any number of options) *

Weekly

Initially Weekly for 2 weeks and then less frequently

Monthly

No routine monitoring

Patient symptomatic with jaundice, pain or vomiting

Monitor if patient has underlying liver disease

What are the common gastrointestinal complications that you have encountered while managing a patient of abdominal tuberculosis (Choose all best options) *

Perforation

ATT induced hepatitis

Intestinal obstruction

GI bleed

Immune reconstitution syndrome

Other: _____

What in your opinion is the role of steroids in a patient of abdominal tuberculosis (Choose all best options) *

No role

Some patients with Disseminated tuberculosis

Some patients with Intestinal obstruction

Some patients with Immune reconstitution syndrome

Some patients with Tubercular peritonitis

Some patients with Tubercular abdominal cocoon

Some patients with Tubercular intestinal strictures

Thank you