

## **Pig-bell-enteritis necroticans in Nepal - another case report**

Dr. Gary Parkes, in his article, "Enteritis Necroticans in Nepal" in the April-June 1992 Issue of the Journal of Nepal Medical Association reports two new cases of PIG-BEL in the Gorkha District of Nepal and a significant review of the literature. This case report, I believe documents a case of PIG-BEL following the ingestion of buffalo meat whereas the others were following goat meat. The key words are ENTERITIS NECROTICANS and PIG-BEL.

AKS, a 15-year-old male was admitted in Scheer Memorial Hospital at Banepa through the Emergency Room complaining of abdominal pain with onset the proceeding day. The patient was admitted to the Medical Service and he had episodes of rather severe colicky pain causing him to cry out. Surgical consultation was requested. On initial examination, he was found to have some slight generalized abdominal tenderness mostly periumbilical in nature without any localization. His temperature was 100 degrees and other physical findings were essentially negative. CBC stool and UA were ordered. The white count was noted to be 26,000. Urine was essentially clear. Stool had not been obtained from the patient. The patient was given Benzathine Penicillin intramuscularly on admission and he was given some Buscopan without relief. He did get some relief of discomfort after an IM injection of Fortigan. He was also started on IV fluids and he had good bowel sounds and seemed to be improving on the first day. On the second day, his abdominal

pain seemed to be worse. His peritoneal signs were more evident and he had definite signs of peritoneal irritation. His white count was still at 23,000 and his Amylase was within normal limits. Chest x-ray and abdominal films were all thought to be within normal limits. Surgical exploration was advised but the family refused. They were advised to take him to Kathmandu to another medical facility. However, during that same evening about 22:00 hours, the patient began crying out in pain and the family decided that they did not want to transfer him and willing to have surgery. The patient was then taken to surgery where at laparotomy, he was found to have a segment of small bowel which was somewhat thickened and oedematous with multiple areas of what appeared to be ischaemic patches and large fleshy mesenteric lymph nodes in that area. Many ascaris worms could be palpated within the gut. Approximately 30-40 cm of ischemic small bowel with it's mesentery were resected and a two layer end-to end anastomosis performed along with an appendectomy of what appeared to be a normal appendix. The patient had an uneventful post-operative recovery. The specimen was given to the family to take to Kathmandu for analysis.

I was very much puzzled over this patient's problem in trying to explain why a young patient would have areas of necrosis or ischaemia in his bowel. Subsequently, I read the article in the Journal of the Nepal Medical Association, April-June 1992 on

enteritis necroticans in Nepal and found that this patient fit the description very well. The patient was subsequently identified in his village where the father had kept the specimen. The specimen was taken to Kathmandu where it was reported to show areas of ulceration and necrosis of the bowel wall. By history, the patient had eaten a considerable quantity of buffalo meat two days prior to onset of his symptoms.

## COMMENT

Dr. Gary Parkes has done an excellent job of the review of the literature and in describing the disease and its frequent onset with an ingestion of a high protein load as well as in patients who may be malnourished and also the fact that the ascaris lumbricoides worms secrete a substance which inhibits trypsin which neutralizes the toxin of clostridia which is the cause of this disease.

This case is presented to alert physicians and surgeons in Nepal to the possibility that patients with abdominal pain may indeed be suffering from enteritis necroticans and that a careful history as to meat ingestion prior to the onset of pain and the findings of high white counts and the presence of ascaris particularly of the eggs in the stool make these patients susceptible for this disease.

I suspect, as does Dr. Parkes, that the disease is more prevalent and has simply not been recognized in the past. For a detailed review of the literature and of the pathogenesis in clinical features in treatment of this disease, I refer you to the article in the Journal of the Nepal Medical Association, April-June 1992 issue by Dr. Gary Parkes.

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## A case of plague in Tansen

We keep reminding our younger medical staff that common things are common and should be thought of first. From time to time we need to remind ourselves that uncommon things do occur and also that if one does not think of a particular diagnosis that it will not be made.

Recently a twenty-three year old young man from a village near Tansen, Palpa was admitted to the United Mission to Nepal hospital with a presumptive diagnosis of strangulated left femoral hernia.

His symptoms had begun three days earlier with left sided abdominal pain, anorexia, and failure to pass gas or stool. Within a few hours a lump in the femoral triangle appeared and gradually enlarged.

Upon admission he seemed quite sick, i.e. toxic, with rapid pulse, rapid respi-

rations, normal blood pressure, not confused but not alert. Temperature was 38.5°. Chest auscultation showed coarsened breath tones without wheeze or crepitation. He was mildly distended, quite tender in the left iliac fascia, did not have rebound tenderness, and had rare bowel tones.

There was a 5 cm. rounded very tender mass in the left femoral triangle which was not fixed to the skin. Its borders were not clearly defined.

Chest X-ray showed increased parenchymal density and a finely stippled infiltrate somewhat like miliary tuberculosis.

Haemoglobin was normal. The total white count was 13,600.

Abdominal upright X-ray revealed a gas filled colon but little gas in the small gut.