

[ LETTERS TO THE EDITOR ]

**Cooperation among Gastroenterological, Pathological and Microbiological Departments Is Needed to Avoid the Misdiagnosis of Intestinal Tuberculosis as Inflammatory Bowel Disease**

**Key words:** tuberculosis, inflammatory bowel disease, reimbursement

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*To the Editor* We read with great interest the article entitled, “Ten Cases of Intestinal Tuberculosis, which were Initially Misdiagnosed as Inflammatory Bowel Disease” by Sato et al. in Intern Med Advance publication 2019; 2361-18 (1). This retrospective descriptive research revealed important issues related to two different diseases, specifically intestinal tuberculosis and inflammatory bowel disease, which have a similar presentation but different treatment approaches. It would be useful to inform all gastroenterologists in Japan, which has a moderate prevalence of tuberculosis (13.3/100,000), of this extremely important clinical fact (2). Criticism of the gastroenterologists who initially misdiagnose these cases should be avoided because the most important point is how to distinguish intestinal tuberculosis from inflammatory bowel syndrome correctly in the future. In particular, we would like to stress one additional point in the proposals, in addition to careful evaluation of both misleading X-rays and acid-fast bacilli of pathology specimens.

Since pathology departments and microbiology departments usually belong to different regimentations and work independently in Japanese clinical settings, gastroenterologists have to send specimens to two different departments

separately to obtain a correct diagnosis of intestinal tuberculosis. In addition, under the Japanese health insurance policy, requests between different departments are not allowed without a physician's permission. Thus, reimbursement for pathologists who send specimens from cases of suspected tuberculosis to microbiology laboratories might be an option for obtaining a prompt diagnosis. We know that pathologic specimens are usually treated with formalin and that such treatments complicate bacterial recovery. However, new techniques, including polymerase chain reaction (PCR)-based techniques such as nested PCR and real-time PCR, allow the possibility of bacterial recovery (3).

**The authors state that they have no Conflict of Interest (COI).**

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**References**

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