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Megaloblastic Anaemia and Subacute Combined Degeneration from Tuberculous Disease of the Small Intestine

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A male patient, aged 43, who suffered from a classical malabsorption syndrome with steatorrhoea, was initially diagnosed as a case of tropical sprue, but it was found that the correct diagnosis was tuberculous disease of the small intestine. In addition to a megaloblastic anaemia, the patient developed the classical condition of subacute combined degeneration of the spinal cord with involvement of both posterior and pyramidal tracts. The patient later developed subacute intestinal obstruction which required operation, at which the diagnosis of tuberculous enteritis was made. The patient eventually died, and the stomach and small intestine were immediately fixed by the introduction of formalin into the lumen of the stomach. Microscopic examination revealed, in addition to widespread tuberculous disease of the upper part of the small intestine, that the patient had a perfectly normal histological picture of the stomach, while demyelination of the posterior and lateral columns of the cord was present. Professor Davidson was unable to find in the literature a description of a case of megaloblastic anaemia resulting from intestinal strictures or fistulae in which the clinical findings of sub-acute combined degeneration of the cord were confirmed by histological examination and in which gastric architecture was shown to be normal.

Discussion

Dr. Trevor Coeke: The question upon which I would like some information is why some patients with a megaloblastic anaemia following surgical procedure on the