



## Importance of ascites adenosine deaminase in diagnosing abdominal tuberculosis with ascites

To the Editor,

In a recent article, Kılıç et al. (1) describe the diagnostic methods of abdominal tuberculosis in pediatric cases. Their study group included 35 patients and had a retrospective design. First, in this study, the number of patients (n) with ascites and their percentages (%) were given in three different diagnostic modalities as physical examination (n=26, 74.3%), ultrasonographic examination (n=27, 87.1%), and abdominal computed tomography (n=10, 41.7%) that were inconsistent with each other. Second, the diagnostic methods reviewed in the discussion section were positive acid-fast bacilli in the smear or culture, granuloma formation, radiologic features, and therapeutic trial with anti-TB agents in patients with a high index of suspicion. However, there is another diagnostic method. Ascites adenosine deaminase (ADA) is simple and accurate in detecting peritoneal tuberculosis (2-4). However, in this study, ascites ADA testing is not defined between the diagnostic methods of abdominal tuberculosis. Because of the retrospective study design, ascites ADA testing may not be performed in the mentioned cases, but this could be clearly underlined as a limitation of the study in the discussion section.

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