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Case Report

RARE MANIFESTATION OF TUBERCULOSIS LYMPHADENITIS IN A YOUNG MALE

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ABSTRACT

Tuberculous cervical lymphadenitis commonly called scrofula or kings evil is a common extra pulmonary manifestation of tuberculosis in developing countries especially in young adults (11-30 years age) in immune compromised patients. Usual presentation is of a non tender, hard or fluctuant cervical node with only limited inflammatory change in overlying skin. Affected lymph nodes present with central caseous necrosis pathognomic of tubercular infection and lymphadenitis probably as a result of post primary reactivation of mycobacterium tuberculosis. Treatment consists of systemic chemotherapy of anti tubercular drugs.

Keywords: *Tuberculosis Lymphadenitis*

CASES

22year old boy presented to Out Patient Department with a swelling in the right supraclavicular area in the neck, weight loss and low grade fever for the past 3 months. He had shown in a local clinic in the mountains in India and he was treated with Capsule Ampicillin 500mg six hourly for 10 days and as there was no regression of the lesion, he was referred for further evaluation.

Detailed history revealed a strong family history of tuberculosis. Patients father and younger sister were treated for tuberculosis 6 months and 9 months ago respectively.

General physical examination revealed a thin built emaciated male, weighing 35kgs. He had a swelling in right supraclavicular area. It was matted soft non tender fluctuant swelling. Overlying skin was indurated and reddish inflamed. Patient was evaluated for tuberculosis in view of strong family history and clinical suspicion of tubercular lymphadenitis. Excision biopsy was performed and tissue sent for histo-pathological examination which showed central area of caseous necrosis with histocytes and plasma cells, pathognomic of chronic tuberculosis. TBc PCR (polymerase chair reaction) of the tissue was positive for tuberculosis and it was positive for tuberculosis.

PPD measured after 72 hours measured 50 x 48mm.

ESR was 88mm/hour. Chest XRY was essentially normal.

Early morning sputum AFB was negative on three different occasions.

Liver function tests and renal function tests were normal.

Patient was diagnosed as having Tuberculous Lymphadenitis.

HIV was negative.

Patient was started on Anti tubercular treatment with oral Rifampicin, INH, Pyrazinamide, Ethambutol as per weight. And Tab Pyridoxime 20mg once a day. In view of positive family history of tuberculosis the multi drug resistant tuberculosis was thought of too but there was no evidence to substantiate that.

He came for follow up after one month and has a feeling of well being, has gained 2 kgs weight in one month time. Weight on first follow up was 38 kgs and the supraclavicular lesion had healed well. The dose of Anti tubercular Medication was readjusted as per the weight recorded on follow up.

Case Report

Tuberculous cervical lymphadenitis commonly called scrofula or kings evil is a common extra pulmonary manifestation of tuberculosis in developing countries especially in young adults (11-30 years age) inimmune compromised patients (Jha *et al.*, 2001). Usual presentation is of a non tender,hard or fluctuant cervical node with only limited inflammatory change in overlying skin (Lee, 2006).

Cervical lymph nodes are affected in about 63% cases while mediastinal in 27% and axillary nodes in 8%cases. Affected lymphnodes present with central caseous necrosis pathognomic of tubercular infection and lymphadenitis probably as a result of post primary reactivation of mycobacterium tuberculosis. CT scan and MRI can accurately depict the site and extent of disease but their findings are non specific (Balikci *et al.*, 2013). Other modes of diagnosis include PPD skin test and fine needle aspiration cytology. Combination of grey scale imaging and FNAC has sensitivity of 92% and specificity of 97% in distinguishing benign from malignant nodal disease (Ahuja *et al.*, 2001). Treatment consists of systemic chemotherapy of anti tubercular drugs.

Learning Points

1. Tuberculous Lymphadenitis is rare but still prevalent form of presentation of Extra Pulmonary Tuberculosis.
2. Tuberculosis should be suspected in any patient with a strong family history of tuberculosis.
3. With effective treatment, tuberculosis is curable.

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