

Case Report

Primary Tuberculosis of Tonsils: a Case Report

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Abstract :

The occurrence of tuberculosis of the upper respiratory tract including oral cavity has become uncommon. Isolated tuberculosis in the absence of active pulmonary tuberculosis is very rare clinical entity. Here is a report of primary tuberculosis of tonsil, presented with complaints of sore throat.

Key words : Tuberculosis, Tonsil.

Introduction :

Tuberculosis (TB) is one of the major causes of ill health worldwide. Although TB doesn't spare any part of body, there are uncommon sites of involvement and tonsil is one such site¹. Approximately two percent of patients with active pulmonary tuberculosis show evidence of upper respiratory tract involvement². Primary tuberculosis of the tonsil in the absence of active pulmonary tuberculosis is rare³, which has promoted us to report this case.

Case Report :

A 50 years old male presented with history of sore throat and difficulty in swallowing for one month. He also complained of foreign body sensation over the left side of neck for one month. There was no history of cough, fever, hoarseness of voice, vomiting and regurgitation of food. Examination of oropharyngeal cavity showed an ulcerative lesion on the left tonsil. Rest of the oral cavity was apparently normal on gross appearance. There was no lymphadenopathy, dental caries or damaged teeth. The examination of chest was normal.

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Figure-1: Photograph of patient showing ulcerated tuberculosis of tonsil.

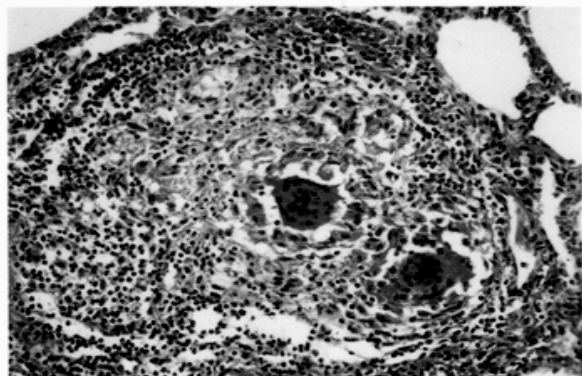


Figure-2: Photograph of X-ray chest P/A view.



Routine investigation revealed Hb%:16gm%,TLC: 8000/mm³. ESR:45mm in 1st hour. Mantoux test was negative.X-ray chest was within normal limit. The patient underwent tonsillectomy. Histopathology examination of tonsil revealed caseating epithelioid cell granuloma with Langhans giant cells. Features were consistent with tuberculosis of tonsils.

Figure-3: Histopathological examination revealed presence of tubercular granuloma characterized by epithelioid cells, langhans type of giant cells and mononuclear inflammatory cells.



Antitubercular treatment with isoniazid 300mg, rifampicin 450mg, pyrazinamid 1500mg and ethambutol 800mg was started for two months followed by rifampicin and isoniazid for four months. He had responded well to the treatment. During follow up sore throat and difficulty in swallowing was reduced.The patient is presently under follow up to complete the prescribed regimen.

Discussion :

Extrapulmonary Tuberculosis represents approximately 25% of overall tubercular morbidity⁴. Among extrapulmonary tuberculosis(EPTB), most common is lymph node tuberculosis while other forms are:pleural tuberculosis, skeletal tuberculosis, CNS tuberculosis, abdominal tuberculosis, genito-urinary tuberculosis, tubercular pericarditis. Tuberculosis of oral cavity is uncommon and tonsillar forms are extremely rare⁵. Incidence of tonsillar tuberculosis is less than 5%⁶.Tonsillar tuberculosis commonly present with sore throat and cervical lymphadenopathy⁷. Tuberculosis of tonsils might be suspected if they are enlarged specially unequally on two sides without exudate and associated with cervical lymphadenitis. Still tuberculosis infection of tonsil is a rarity because of the antiseptic and cleansing action of saliva, inherent resistance of tonsil to tuberculous infection, presence of saprophytes in the oral cavity making colonization difficult and the thick

protective stratified squamous epithelial covering over tonsil¹. Differential diagnosis of oral and pharyngeal tuberculosis includes traumatic ulcers, aphthous ulcers, hematological disorders, actinomycosis, syphilis, midline granuloma, wegner's disease, and malignancy⁷. In our case, ulceration over left tonsil and difficulty in swallowing of solid foods evoked the suspicion of malignancy. The clinician should remain alert to the possibility of tuberculosis especially in older patients and in developing countries like Bangladesh where incidence of tuberculosis is quite high.

Conclusion :

Tuberculosis is severe and life threatening disease.The number of new cases is increasing in both developed and developing countries.Early detection and intervention is essential for cure. Isolated and primary tuberculosis of tonsils in the absence of pulmonary tuberculosis is a rare entity, which prompted us to report this case.

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