

Primary Tuberculosis of Tongue; Mimicking as a Malignancy-A Case Report

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Abstract

Though tuberculosis in India is very common but tuberculosis of oral cavity is very rare. It is prevalent as 0.5 to 5

Index terms— tuberculosis, granuloma, malignancy, ulcer.

1 Introduction

tuberculosis of oral cavity is very rare. It is prevalent as 0.5 to 5% of all cases. Integrity of the oral epithelium and inhibitory effect of saliva are considered to be the significant reason for relative resistance to infection of bacilli. Out of 8.6 million cases of the world, 2.2 million (25%) cases occurred in India making India as the World's highest tubercular burden country. In July 2011 the revised estimated incidence was 185/lac, prevalence was 285/lac and mortality rate of T.B was 22/lac. Though extra pulmonary tuberculosis only represents 15% of total cases (in HIV negative patients). Tuberculosis of oral cavity is an uncommon site for involvement however tongue is the most common site in oral cavity accounts almost half of its cases. Here it is the presentation of a case report of a patient who have only primary tuberculosis of tongue no other systemic tuberculosis involvement & was healthy (not immunocompromised).

2 II.

3 Case Report

A 52 yr old male came to the department of otorhinolaryngology with the presenting complaints of erosive lesion over tongue with slight difficulty in chewing and speaking, though it was a painless lesion. Patient have a long term history of tobacco chewing approximately for 30 yrs. No other relevant complaint or history.

On general examination, patient was well build and no complaints of cough or fever, both lungs were clear. There were no lymphadenopathy or organomegaly. Oral examination shows poor oral hygiene with stained gums and teeth and a erosive lesion over dorsum surface at anterior two third of tongue. FNAC was advised which was inconclusive. Haematological parameters were within normal limits. But due to suspicion of malignancy by surgeon and patient's concern hemiglossectomy was done and resected portion was sent for histopathological examination to the Pathology Department. Histopathological features showed chronic noncaseating granuloma formation with giant cells suggestive of tubercular involvement of tongue.

4 III.

5 Discussion

Tuberculosis involve almost every organ of body. Although involvement of tongue is a very rare. The first authentic case of this was reported by portal 6 in 1804 and Morgagni in 1761 described patient with tubercles in tongue. Pathogenesis behind this is recurrent contact with sputum or hematological spread. Majority of the cases belongs to the HIV infected people or immune compromised patients. Other sites of involvement in oral cavity are floor of mouth, soft palate gingiva lips & hard palate. It is common in middle aged or elderly men. These oral tubercular lesions generally develop secondary to pulmonary tuberculosis but occasionally

primary involvement is seen in cases with poor oral hygiene and traumatic injury during dental or oral surgical procedures 9 .Titcher listed five types of tongue involvement 1. ulcer 2. fissure 3. granuloma 4. tuberculoma 5. glossitis. and ulcer is the most common finding 10 .In the present case patient have tubercular granuloma with painless lesion. Treatment of extra pulmonary tuberculosis is comes under category II ATT. First line drugs to be given are rifampicin, isoniazid ,ethambutol , pyrazinamide & streptomycin.

IV.

6 Conclusion

Though it is a very rare presentation of tuberculosis of tongue but clinician should consider always this in a differential diagnosis of the chronic ulcerative lesion of tongue. To rule out this a adequate biopsy from deeper and representative area should be taken before doing hemi or complete resection of tongue. This can avoid unnecessary operative procedure and disability to the patients as treatment with ATT very effective most of the time. ¹



Figure 1:

¹Primary Tuberculosis of Tongue; Mimicking as a Malignancy-A Case Report

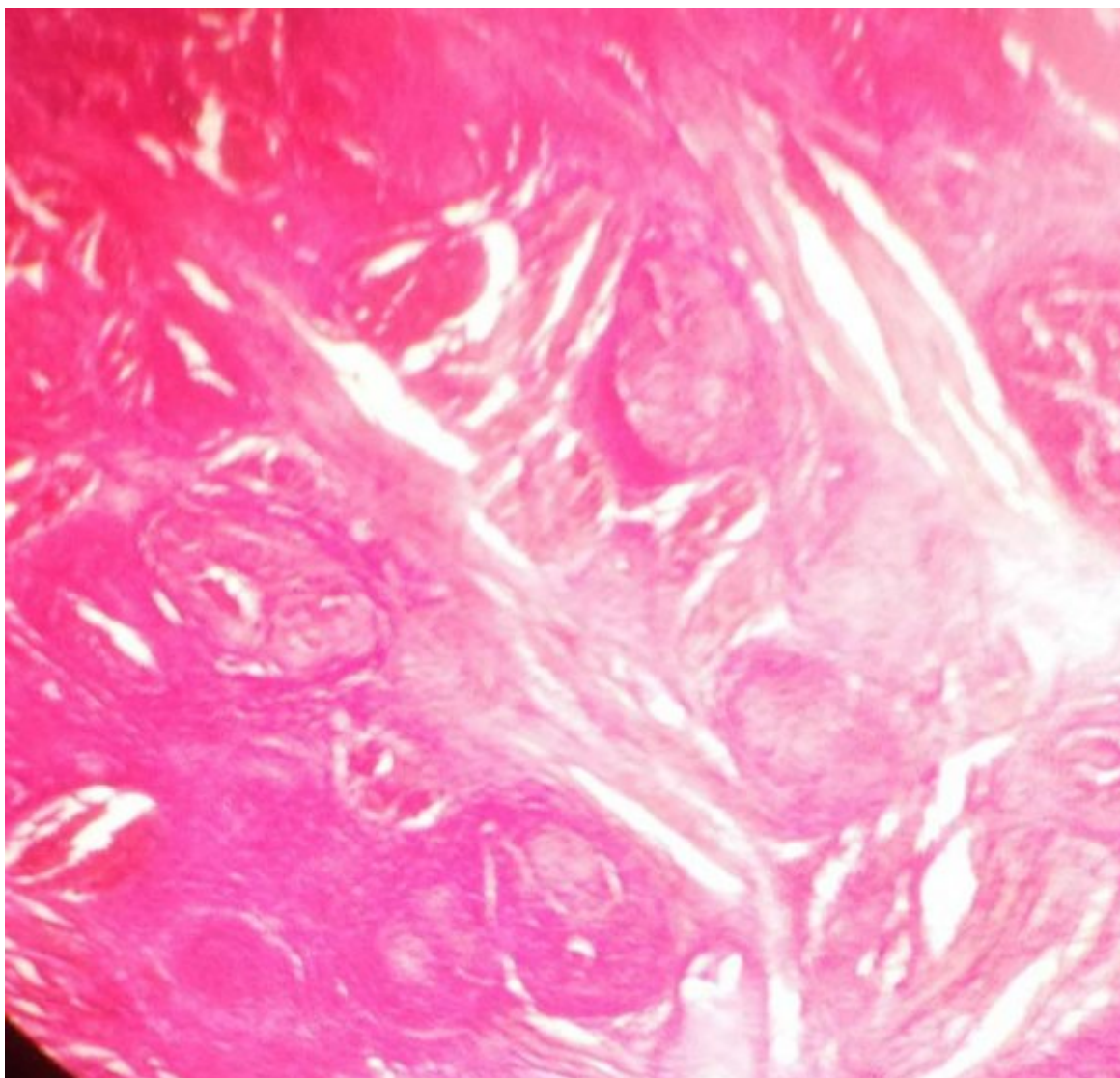


Figure 2:

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- 54 [Sharma and Mohan (2004)] , S K Sharma , Mohan . *Indian journal of med res* oct 2004. 120 p. .
- 55 [Prabhu and Sengupta ()] ‘Bacterial infections due to mycobacteria’. S R Prabhu , S K Sengupta . *Oral Diseases*
56 *in the Tropics*, S R Prabhu, D F Wilson, D K Daftary, N W Johnson (ed.) 1993. Delhi Oxford university
57 press. p. . (1st ed)
- 58 [Who 2012 ()] *Control in South East Asia Region*, T B Who 2012 . 2012. (Regional Report)
- 59 [Mehta ()] *Indian journal of otolaryngology and head & neck surge july -sep*, Jaya Mehta . 1998vol. 50 p. .
- 60 [Morgagni: De Sedibus et causismorborem per anatomenindigastis 1761] *Morgagni: De Sedibus et causismorbo-*
61 *ram per anatomenindigastis 1761*,
- 62 [Eng et al. ()] *Oral tuberculosis, Oral Surg Oral Med Oral Pathol Oral RadiolEndod*, H L Eng , S Y Lu , C H
63 Yang , W J Chen . 1996. 81 p. .
- 64 [Mignogna et al. ()] ‘Oral tuberculosis: a clinicalclinical evaluation of 42 cases’. M D Mignogna , Llo Muzio , G
65 Favia , E Ruoppo , G Sammartino , C Zarrelli . *Oral Dis* 2000. 6 p. .
- 66 [Tuberculosis Global Fact WHO 2012] ‘Tuberculosis Global Fact’. *WHO 2012*, p. .
- 67 [Titche (1945)] ‘tuberculosis of the toungeAm’. I L Titche . *Rev Tuber ec* oct 1945. p. .