RESEARCH PAPER | Medical Science | Volume : 5 | Issue : 4 | April 2015 | ISSN - 2249-555X

Tuberculous Lymphadenitis in Surgical Practice A Study of 150 Cases Diagnosis and Approach

KEYWORDS

Dr.Md.Jeelani	Dr.C.B.Ramesh Babu	Dr.C.Naga Raghavendra Reddy
Associate Professor, Dept. of General Surgery, Kurnool Medical College, Kurnool.	Assistant Professor, Dept. of General Surgery, Kurnool Medical College, Kurnool.	Senior Resident, Dept. of General Surgery, Kurnool Medical College, Kurnool

ABSTRACT *The aim of the study is to diagnose the patients in the surgical OPDs by different diagnostic criteria, to know the frequency and incidence, treat the disease, role of surgery in the practice and rule out the differential diagnosis of other possibilities ranging from inflammatory, lymphomas, secondaries in the neck etc. FNAC proved to be reliable in the diagnosis.*

Inclusion criteria

Patients attending the surgical OPDs from the age of 13yrs to 60yrs about 150 cases were studied out of which 130 cases are females and 20 are male patients. The patients commonly presented with neck swellings 150 patients (100%) follow-up done 130 patients (86%) are females. Fever commonly evening raise of temperature in 102 patients (68%), weight loss in 80 patients (53.3%), diagnosed inflammatory adenitis 6 patients (4%), lympthomas 8 patients (5.3%), secondaries in 6 patients (4%).

Background

Tuberculous lymphadenitis is one of the most common extra pulmonary manifestation of tuberculosis[6]. Tuberculosis remains the common cause of cervical lymphoadenopathy in many low income countries[6].

The commonest symptoms are swelling in the neck, cough, fever and anorexia. Human body consist of a number of defence mechanisms to counter infections and diseases. Lymphnodes as part of the immune system usually enlarge when ever any pathology occur in their area of drainage[2]. Head & Neck masses are common clinical concern in infants, children and adults[3]. There are no. of etiologies that can cause cervical Lymphnodes to enlarge. The frequent ones being tuberculosis, reactive, inflammatory lymphoadenitis and malignancy[4].

Cervical lymphoadenopathy can be early detected by ultrasonography which has a sensitivity of 96.8%, while more advance high resolution ultrasound can detect a cervical mass measuring <2mm in diameter while definitive diagnosis usually requires tissue biopsy are FNAC[5,6].

Tuberculosis, majority contributes to the global disease burden with almost ⅓ of world the population by its causative organism[8] Mycobacterium. Tuberculosis accounts for almost 1.3 million deaths worldwide annually[9].

Results

In about 150 patients the study was conducted where they were subjected to Complete Blood Picture (CBP), Fine Needle Aspiration Cytology (FNAC), ultrasound of neck, mantoux test. Age range of the patients affected are 13 to 60yrs 130 patients (86%), were females, males are 20 patients (14%), fever in 102 patients (68%), loss of weight in 80 patients (53.3%) etc..,

Excision biopsy was performed in few patient where FNAC was doubtful histopathology revealed that 160 patients (84%) had tuberculosis followed by 6 patients inflammatory (4%), lymphomas 8 patients (5.3%), secondaries in 6 patients (4) etc.,

Discussion

Tuberculosis is most frequent infectious disease of lymphoid tissue and it is inoculable in nature[14]. It is a major public health concern worldwide a specially in countries with high incidence of prevalance[13]. Cervical lymphoadenopathy can be a manifestation of simple local inflammatory reaction to a spectrum of diseases including malignant lymphomas[15].

Tuberculosis is a commonly prevalent disease in countries with poverty like India, Bangladesh, Pakistan etc.,[16] . A study of Sheikh et al showed around 68.9% of the patients had tuberculosis lymphoadenitis among all cases of cervical lymphoadenopathy[18]. A study of Magsi et al showed about 51.7% patients with cervical lymphoadenopathy had tuberculosis while 21.43% has reactive hyperplasia[13].

In our study the results showed that the most common presentation was neck swellings present in 100% of patients out of which female are 86%, males 14%, fever 68%, inflammatory in 4%, lymphomas in 5.3%, secondaries in 4% of patients etc.,

Conclusion

Our study shows that in Andhra Pradesh has a poverty where the patients have poor hygiene, overcrowding, poor nutrition, slums where poor drainage system had presented with neck swellings fever, loss of weight, cough etc., shows that one of the common cause of these symptoms in tuberculosis caused by mycobacterium tuberculosis, which is curable with different modalities of treatment like short term and long term regimens and by improving the sanitation and hygiene and good nutrition in patients.

Volume : 5 | Issue : 4 | April 2015 | ISSN - 2249-555X

REFERENCE

1. Swartz MA, Lund AW (2012) Lymphatic and interstitial flow in the tumour microenvironment: linking mechanobiology with immunity. Nat Rev Cancer 12: 210-219. | 2. de Jong PA, Nievelstein RJ (2012) Normal mediastinal and hilar lymph nodes in children on multi-detector row chest computed tomography. Eur Radiol 22: 318-321. | 3. Rozovsky K, Hiller N, Koplewitz BZ, Simanovsky N (2010) Does CT have an additional diagnostic value over ultrasound in the evaluation of acute inflammatory neck masses in children? Eur Radiol 20: 484-490. | 4. Annam V, Kulkarni MH, Puranik RB (2009) Clinicopathologic profile of significant cervical lymphadenopathy in children aged 1-12 years. Acta Cytol 53: 174-178. | 5. Iqbal M, Anis S, Aslam A (2010) Frequency of tuberculosis in cervical lymphadenopathy. Journal of Surgery Pakistan 15: 107-109. | 6. Neelakantan S, Nair PP, Emmanuel RV, Agrawal K (2013) Diversities in presentations of extrapulmonary tuberculosis. BMJ Case Rep 2013. | 7. Scott CA, Atkinson SH, Sodha A, Tate C, Sadiq J, et al. (2012) Management of lymphadenitis due to non-tuberculous mycobacterial infection in children. Pediatr Surg Int 28: 461-466. | 8. (2010) World Health Organization Media Center. Fact Sheet on Tuberculosis. | 9. (2011) WHO report, World Health Organization. Global tuberculosis control, Geneva, Switzerland. | 10. (2010) World Health Organization. Global TB Database. | 11. Gilani SI, Khurram M (2012) Perception of tuberculosis in Pakistan: findings of a nation-wide survey. J Pak Med Assoc 62: 116-120. | 12. Ismael M, Mumtaz M (2013) Frequency of tuberculosis in cervical lymphadenopathy. Journal of Post Graduate Medical Institute 27: 342-346. | 13. Magsi PB, Jamro B, Sheikh AA, Sangi A (2013) An audit of 140 cases of cervical lymphadenopathy in a tertiary care hospital. Gomal journal of medical sciences 11: 47-49. | 14. Zeshan QM, Mehrukh M, Shahid P (2000) Audit of lymph node biopsies in suspected cases of lymphoproliferative malignancies: implications on the tissue diagnosis and patient management. Journal of Pakistan Medical Association 50: 179-182. | 15. Channa MA, Urooj R, Mirza MR, Gooda MR, Jaleel F, et al. (2010) Frequency of tuberculosis in cervical lymphadenopathy: our experience. Pak J Surg 26:28-30. | 16. Ashfaq M, Ahmad N, Ullah I, Iqbal MJ (2006) Cervical lymphadenopathy: Diagnostic approach. JPMI 20: 374-378. | 17. Geldmacher H, Taube C, Kroeger C, Magnussen H, Kirsten DK (2002) Assessment of lymph node tuberculosis in northern Germany: a clinical review. Chest 121: 1177-1182. | 18. Sheikh GM, Samad A (2005) Pattern of tuberculous lymphadenitis: The Isra University hospital experience. JLUMHS 1: 3-5. | 19. Ying M, Ahuja A, Brook F (2004) Accuracy of sonographic vascular features in differentiating different causes of cervical lymphadenopathy. Ultrasound Med Biol 30: 441-447. | 20. Song JY, Cheong HJ, Kee SY, Lee J, Sohn JW, et al. (2007) Disease spectrum of cervical lymphadenitis: analysis based on ultrasound-guided core-needle gun biopsy. J Infect 55: 310-316. | 21. Ullah Z, Tahir M (2001) Tuberculous cervical lymphadenopathy. JPMI 15: 151-155. |