ORIGINAL RESEARCH PAPER

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TONSILLAR TUBERCULOSIS: AN ELUSIVE MIMIC IN A 17-YEAR-OLD

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ABSTRACT

Tonsillar tuberculosis is an exceptionally rare manifestation of an otherwise common disease, often misdiagnosed as lymphoma due to its nonspecific presentation. We report a 17-year-old female with a three-year history of intermittent odynophagia and unilateral tonsillar enlargement. Initial clinical suspicion favored lymphoma; however, histopathology revealed granulomatous inflammation with caseation necrosis, and Ziehl–Neelsen staining confirmed the presence of acid-fast bacilli. The patient responded completely to antitubercular therapy within three months. This case highlights the importance of considering tuberculosis in atypical tonsillar lesions, especially in endemic regions.

BACKGROUND AND RATIONALE

Tonsillar tuberculosis is an exceptionally rare form of extrapulmonary tuberculosis, accounting for less than 1% of cases. Its nonspecific clinical features, such as unilateral tonsillar enlargement without constitutional symptoms, often mimic neoplastic conditions like lymphoma [1]. This underscores the importance of maintaining a broad differential diagnosis in endemic regions.

Patient Presentation And Clinical Findings

A 17-year-old female presented with a three-year history of intermittent odynophagia. The symptoms subsided temporarily with medications. There was no history of fever, weight loss, night sweats, or known contact with tuberculosis patients.

Examination revealed unilateral left palatine tonsillar enlargement, firm and non-tender, with no ulceration or cervical lymphadenopathy. The right tonsil appeared normal. Routine hematological investigations were within normal limits.

Investigations And Diagnosis

Due to the chronic nature and asymmetry of the tonsillar hypertrophy, lymphoma was suspected. The patient underwent tonsillectomy, and histopathological examination demonstrated granulomatous inflammation with caseation necrosis [2] [FIG.1]. Ziehl–Neelsen staining confirmed acid-fast bacilli, establishing the diagnosis of tonsillar tuberculosis.

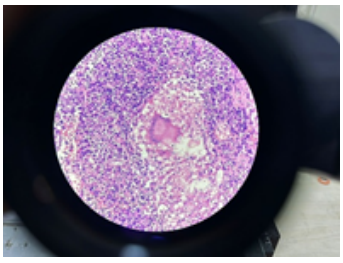

Fig.1 HPE picture showing the granulomatous inflammation with caseating necrosis

Treatment And Follow-up

The patient was started on antitubercular therapy (ATT) as per national guidelines. At three months follow-up, she showed complete resolution of symptoms, reflecting the excellent prognosis when tonsillar tuberculosis is accurately diagnosed and treated early [3].

Review Of Literature And Clinical Implications

Primary tuberculosis of the tonsil is extremely rare because the intact oropharyngeal mucosa and saliva usually act as protective barriers [4]. When present, it is often confused with malignancy or chronic tonsillitis. Histopathological examination remains the gold standard for diagnosis. This case demonstrates that high clinical suspicion, systematic diagnostic workup, and timely histopathology are essential to avoid misdiagnosis and inappropriate therapy.

Key Learning Points

- Unilateral tonsillar hypertrophy with chronic symptoms must raise suspicion for tuberculosis in endemic regions.
- Histopathological examination with Ziehl–Neelsen staining is crucial to confirm diagnosis.
- Early initiation of antitubercular therapy results in complete recovery and prevents complications.

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