TUBERCULOSIS OF TONSIL - A RARE SITE INVOLVEMENT

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ABSTRACT : ***Tuberculosis of Tonsil and Oropharynx are almost a forgotten condition now-a-days. Persistent sore throat, ulcer over tonsils and unilateral tonsillar enlargement should arose suspicion of tubercular infection. Confirmation of which depends on histopathology favouring tuberculosis and /or AFB positivity on tonsillar tissue. Condition is curable with proper Anti-TB treatment with or without tonsillectomy. A case is presented considering its rarity.***

Key Words : *Tuberculosis, Tonsil.*

INTRODUCTION

Although TB doesn't spare any part of body, there are uncommon sites of involvement and tonsil is one such site. Wilkinson (1929) reported 0.52% incidence and Abrol and Sinha's (1965) observation was nil. Incidence has further diminished after wide spread use of pasteurised milk (Miller et al 1963). although tonsils are mainly made up to lymphoid tissue and placed at a site of frequent contact with positive sputum, especially in an open case of pulmonary TB, non-involvement of tonsil is surprising. Antiseptic and cleansing action of saliva, presence of saprophytes in it and thick protective epithelial covering of tonsils might be the cause of comparative resistance of the tonsils to tuberculous infection.

CASE REPORT

A 20 year male patient presented with persistent sore throat of acute onset and 1 year duration. He also had painful deglutition not responding to usual treatment of same duration. He complained of cough, mainly dry in nature along with low grade fever since last 6 months. Patient had no history of significant illness in past.

Examination of throat revealed ulceration of both tonsils with rough coarse surface extending up to anterior pillars.

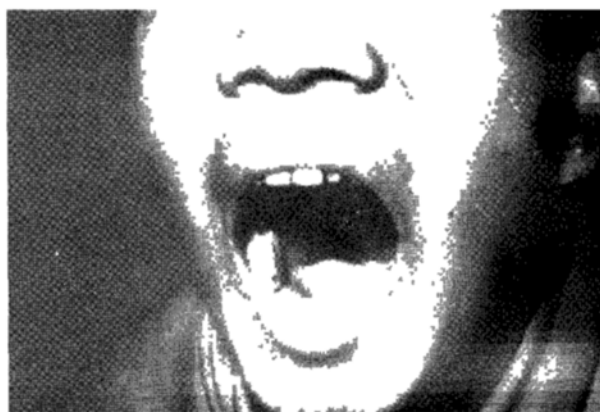

Fig I . Photograph of Patient showing ulcerated Tuberculosis of Tonsil.

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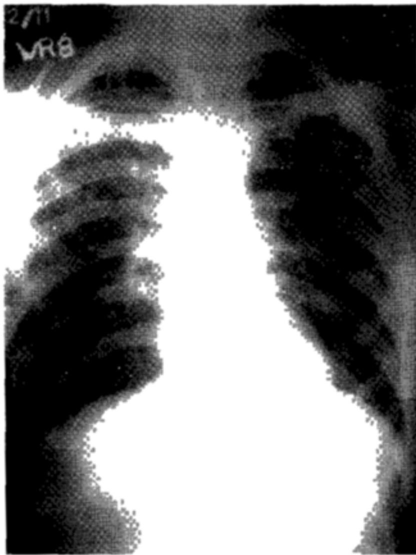

Fig II . Photograph Xray chest Paw

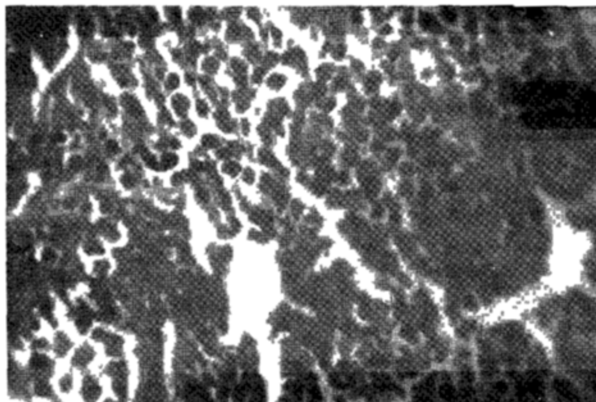

Fig III Microphotograph of H/P exam of Tonsiller tuberculous (x 400)

Tonsils were small and fibrotic (Fig. I). Middle deep cervical nodes, about "1 X 1" in size, were palpable on both sides. Examination of larynx and chest was within normal limits. Routine examination of blood was TC-8,200, DC, 70(N), 25 (L), 5(E) and ESR 70 mm.

X-Ray chest showed bilateral soft micronodular infiltration more on right upper and mid zone with right hilar lymphadenopathy suggestive of early pulmonary TB (Fig. II). His sputum was positive for AFB for 2 consecutive days. Patient's total serum IgE and IgF were 5980 iu/ml and 2340 mg/dl respectively which were abnormally high. Biopsy, taken from both tonsils revealed occasional collection of histiocytes/epethelial cells and foreign body type giant cells and positive for AFB on Z-N stain (Fig. III).

Patient was put on RMP (450) INH (600), EMB (800) PZA (1500) on alternate days thrice in a week for initial two months, to be followed by RMP (450) and INH (600) on alternate day, thrice in a week for next 4 months. Sputum converted to negative at the end of intensive phase and patient was declared cured at the end of the course.

DISCUSSION

Tuberculosis of tonsils might be suspected if they are enlarged specially unequally on two sides without exudate and associated with cervical lymphadenitis (Abrol and Sinha, 63). It can also present with obliteration of crypts and stretching of capsules (Wilkinson, H. F. 29). Persistent sore throat and painful deglutition are the main cause of patients seeking doctor's advice.

Uniqueness of the present case is in the possibility of tonsillar involvement, prior to involvement of lungs as suggested by fibrotic, ulcerated tonsils. But a late appearance of cough, and infiltration in X-ray chest film. Such presentation suggests primary involvement of tonsils, with secondary spread to hilar lymphnode and pulmonary field.

Treatment consists of anti-TB treatment. Tonsillectomy is not mandatory and depends on condition of tonsil and duration of illness. General guideline is removal of tonsil under coverage of ATD in case of recent infection and avoidance of surgery in old calcified fibrotic tonsil (Miller et al'63).

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