A RARE CASE OF SIMULTANEOUS TUBERCULOSIS OF TONSIL AND EPIGLOTTIS

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Case Presentation:
A 46 year male smoker, patient comes in ENT O PD with complaints of fever last three month, throat pain from 15 days, pain and difficulty in deglutition 7 days.
His voice slowly changes to hoarseness of voice and later the family members are unable to understand the spoken words, after few days patient develop aphonia. Investigation were TLC raised otherwise normal heamogram, HIV neg, HCV neg, sputum smear for AFB neg, sputum AFB not detected by CBNAAT(cartridge based nucleic acid amplification test)/gene xpert. x-ray chest was normal.

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INTRODUCTION:
Tonsils are collections of lymphoid tissue [1] facing into the aerodigestive tract. The set of lymphatic tissue known as Waldeyer's tonsillar ring includes the adenoid tonsil, two tubal tonsils, two palatine tonsils, and the lingual tonsil. Palatine tonsils, which are masses of lymphatic material situated at either side at the back of the human throat. These immunocompetent tissues are the immune system's first line of defence against ingested or inhaled foreign pathogens. Tonsils have on their surface specialized antigen capture cells called M cells that allow for the uptake of antigens produced by pathogens. Upper deep cervical lymph nodes:

Discussion:
Infection and occurrence full tuberculosis of tonsil and epiglottis may be due to either direct deposition of infected droplet from other open pulmonary TB case or direct deposition (sputum containing) of mycobacteria on tonsil and epiglottis from self pulmonary tuberculosis, hematogenous spread of mycobacterium tuberculosis bacteria from tubercular granuloma. Tuberculosis of the tonsil and epiglottis is uncommon at present d/d of Tuberculosis of tonsil and epiglottis some time confused with carcinoma of tonsil. Tuberculosis may also coexist with malignancy but coexistence TB and Malignancy is more coincidence. Some time tuberculosis infection engrafted on cancer and some time chronic tuberculosis in which cancer develop. Lymphoreticular malignancy may be associated with TB tonsil.

Fig 1: HPE of tuberculosis of tonsil
Fig 2: HPE of tuberculosis of tonsil showing that epitheloid cell granuloma

B tonsil

REFERENCES: