Bilateral Intra Parotid Tubercular Lymphadenitis

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Abstract

Tubercular parotitis is an extremely rare clinical condition which is difficult to diagnose. The rarity of this condition can be seen from the evidence of only a few reported cases in the literature. Tubercular infection is quite common in this part of the world, but Tubercular Parotitis is still a rarity. A case of Bilateral tubercular parotitis diagnosed by FNAC, showing tubercular involvement of the intra parotid lymph node is presented due to its rarity.

Key Words

Tubercular Parotitis

CASE REPORT

S.C. a 35 years old female patient presented with bilateral parotid swelling of three months duration. Patient had been given antibiotics and anti-inflammatory drugs elsewhere without any relief. There was no history or symptoms suggestive of renal, hepatic or pulmonary involvement. Examination revealed a moderately built young lady with bilateral parotid swellings which were firm in consistency & there was no sign of acute inflammation. No cervical lymphadenopathy was seen. There was no history suggestive of rheumatoid arthritis. On direct questioning, patient complained of occasional dryness of eyes. Routine blood and urine examination was within normal limits, but for increased ESR (50mm 1st hr). Ultra sound scan of kidney, liver, spleen and parotids was normal. X-ray chest was normal. Rheumatoid factor was negative. FNAC from the parotid swelling showed that smear was cellular showing lymphocytes in various developmental stages. There were numerous granulomas composed of epithelioid cells along with lymphocytes and occasional Langhan's type of gi-

ant cell. AFB (Acid fast bacillus) was seen on Ziehl Nielsen staining (Fig.1), caseation necrosis was seen in many of these granulomas. Lymphoid tissue was seen in the smear (Fig. 2).

Review of Literature

There are few reported cases of unilateral Tubercular Parotitis, but on review of available

Fig 1. Histology showing AFB (Parotid Gland)

Fig 2. Histology showing Tubercular Granuloma & Caseation necrosis (Parotid Gland)

literature we could not find any case of Bilateral Tubercular involvement of Parotid glands. The cases reported so far include one case reported by Beerman & Fein (1932) along with 24 previously reported cases, one case each has been reported by Sarma (1941), Kant et al (1977). Maynard (1967) presented six cases reported by Patey & Thackray & 24 cases collected by Radon. Jones (1968) has referred to 4 cases of Tuberculosis of Parotid gland.

UST Uner TE (1991) reported a case of tuberculosis of parotid gland after excision of the parotid. He suggests that in case of suspicion of tuberculosis, culture confirmation should be tried and Mantoux test should be performed. Sriumpai, S (1991) showed tubercular involvement of the intra parotid lymph node in the first reported case of parotid tuberculosis in Thailand. Rowe Jones, JM (192) described a case of diffuse parotid tuberculosis along with a primary pulmonary focus. Singh et al (1992) suggested clinical similarity of tuberculosis to a parotid neoplasm reported by them. They stressed the need for histological diagnosis before embarking on surgery. Adalla SA (1966) advocated FNAC following bacteriological confirmation as the most useful investigation, in two cases of tubercular parotitis reported by him.

According to him unilateral tubercular patients is difficult to distinguish from a parotid tumour patient. Zheng JW (1995) reported twelve cases of tuberculosis of parotid gland. Tubercular parotitis has traditionally been diagnosed after superficial parotidectomy but Weiner GM et al (1996) suggests that FNAC followed by anti tubercular therapy can avoid the need for surgery. They presented four cases diagnosed and treated on this protocol.

Discussion

Tuberculous lesions of the salivary Glands have become so infrequent that it is virtually a forgotten disease entity and may pose a diagnostic problem, more so when there is bilateral involvement of the parotids. Primary tubercular involvement of salivary gland makes upto 2% of all cases of salivary gland tumefaction. Patients are usually young adult of low socioeconomic status. Ultrasound can suggest the diagnosis in the presence of heterogenous hypoechogenic intraglandular lesions associated with adenopathies. Tubercular parotitis is clinically indistinguishable from a parotid tumour and imaging techniques may also fail to reveal the true diagnosis. In such situation, FNAC is the most useful investigation. It is stressed that due to clinical similarity of tuberculosis and sarcoidosis to a parotid neoplasm, there is absolute need for histological diagnosis before embarking on treatment.

Although tuberculosis of the parotid gland is rare, it still exists and must be thought of as one of the differential diagnosis of the parotid tumour. The involvement may not be a parenchymatous parotid tuberculosis, diffusely affecting the entire gland, but it may only be a tubercular lymphadenitis in the parotid as in the present reported case in which lymph nodes in both the parotids were simultaneously involved. So while dealing with the parotid mass, we should have a high degree of suspicion for the mass to be tubercular, which though rare is still an important clinical entity.

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