Tuberculous Inguinal Lymphadenitis with Multiple Discharging Sinuses—An Unusual Presentation

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Abstract We report an unusual presentation of inguinal TB lymphadenitis in a 16-years old unmarried female with multiple discharging sinuses.

Keywords Tuberculous inguinal lymphadenitis · Multiple discharging sinuses · Citric acid treatment

A 16-year-old unmarried female presented with a swelling involving the left inguinal area since 1 year and multiple discharging sinuses since 2 months. There was a history of swelling, which started as a small, painful nodule, rapidly increased in size, and within 3–4 weeks ruptured spontaneously. This was followed by development of multiple discharging sinuses. There was foul-smelling, blood-stained, brownish discharge through multiple openings. The pain was very severe and the patient was unable to walk or stand erect. The patient at this stage developed high-grade fever associated with chills and rigors, malaise, and fatigue.

There was no history of genital ulcer, urethral discharge, or leg ulcer. There was no history of trauma at the site. There was no history of chronic cough or pain in the abdomen. There was history of weight loss, anorexia, rise of temperature in the evening, or night sweats. There was no history suggestive of any other systemic illness.

The patient had been receiving treatment from various practitioners in the village, without any improvement. However, details of the diagnosis and treatment could not be obtained.

The patient did not suffer from any other major medical or surgical illness in the past. There was no family history of similar complaints. There was no family history of tuberculosis. She had received BCG vaccine and the scar was present. The patient was not on any chronic medication. She was not an alcoholic or smoker.

On examination, she was found to be ill-looking, malnourished, and weighed 35 kg. She was febrile with pulse rate of 120/min, respiratory rate of 22/min with blood pressure within normal limits. She was pale and anicteric. Left lower limb edema was present. Systemic examination was unremarkable. Cutaneous examination revealed a solitary, tender, swelling measuring about 7×5 cm, situated over the lower one-third of the anteromedial aspect of the left inguinal region. Skin over lesion was erythematous and edematous. It was associated with crusting and blood-stained pus discharge. Few lymph nodes were palpable over the left inguinal region. They were about 4–5 cm in diameter, hard, nontender, and immovable. Per-rectal examination was normal.

On investigation, her hemogram showed hemoglobin=1.7 g%, total lymphocyte count=2,000/mm³, mean corpuscular volume=50 fl, mean cell hemoglobin=12 pg, platelets=3,37,000/mm³, red cell distribution width=25 %, erythrocyte sedimentation rate was 80 mm in the 1st hour. Serum total protein=5 g%, serum albumin=1.7 g%. HBSAg, HCV, HIV 1 and 2, and VDRL were nonreactive. Blood sugar, serum bilirubin, SGPT, SGOT, serum urea and creatinine, and urine examination were all within normal

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Fig. 1 Tuberculous inguinal lymphadenitis showing multiple discharging sinuses before treatment

limits. Chest X-ray was normal. X-ray of pelvis with hip joint and left leg was also normal, without evidence of osteomyelitis. Ultrasonography of the abdomen and pelvic region revealed abscess in inguinal region with lymphadenopathy. Bone marrow examination showed micronormoblastic erythropoiesis. Culture of the pus yielded *Staphylococcus aureus* sensitive to cotrimoxazole, gentamicin, clindamycin, tetracycline, and erythromycin. A histopathological examination of the lymph node biopsy showed caseating granulomatous inflammation of tuberculous origin. A potassium hydroxide mount and fungal culture did not reveal any fungal elements.

Antituberculosis therapy consisting of isoniazid 5 mg/kg, rifampicin 10 mg/kg, ethambutol 15 mg/kg, and pyrazinamide 30 mg/kg was started. Three percent citric acid ointment has been proved highly effective in the treatment of chronic wound infections in leprosy, diabetes, burns, etc. [1–4]; hence, 3 % citric acid ointment was applied daily

Fig. 2 Tuberculous inguinal lymphadenitis showing healed sinuses after anti-Koch therapy and 43 applications of citric acid ointment

once for 43 days. This resulted in healing of the sinuses (Figs. 1 and 2).

Declaration of Competing Interests None to declare

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