

PAROTID GLAND TUBERCULOSIS AN UNUSUAL PRESENTATION

Farhan Ahmed Majeed, Muhammad Ahmed, Sohail Aslam, Muhammad Ali

Combined Military Hospital, Lahore

INTRODUCTION

The incidence of tuberculosis is rising throughout the world. Pulmonary tuberculosis is the most frequent form of tuberculosis, but any organ in the body can be involved. Parotid gland tuberculosis is very rare [1]. Intra parotid and periparotid lymph nodes may become infected either by lymphatic drainage of the oral cavity or haematogenous from a pulmonary focus [2]. Clinical presentation of parotid gland tuberculosis varies from infectious process to an indolent chronic one. The diagnosis of parotid gland tuberculosis can be confirmed with excising the gland although it is very rare. Parotid gland tuberculosis should be kept in mind, in differential diagnosis of parotid gland enlargements. Presenting this case we aim to discuss an unusual form of tuberculosis which was the cause of parotid gland enlargement.

CASE REPORT

A 68 years old female presented with right side swelling on her face. Her complaint was pain while opening the mouth and progressive increase in size of swelling for last one year. She did not give any history of weight loss, cough, fever, chest pain and night sweats. Local examination revealed a bosselated swelling with overlying prominent veins. Size of swelling was almost equal to table tennis ball. There was no fistula or scar over it (figure). Palpation revealed mobile firm swelling 4 cm x 5 cm in size, non compressible without fluctuation. Intraoral examination was normal. Systemic examination did not reveal any abnormality.

Correspondence: Brig Muhammad Ahmed, Head Department of Surgery Combined Military Hospital Lahore.

Email: surg_ahmed31@hotmail.com

Received Feb 22, 2007; Accepted April 18, 2008

Laboratory profile was unremarkable except erythrocyte sedimentation rate which was 45 mm fall at the end of 1st hour. Chest X ray was normal. Fine needle aspiration revealed hemorrhagic aspirate with possibility of sialadenitis. Keeping in mind the benign growth of parotid gland she was planned for superficial parotidectomy which was performed under general anesthesia. Operative specimen revealed gray white tissue of salivary gland measuring 3.8 cm x 4.5 cm in size. Microscopic section showed granulomas made up of epithelioid cells and occasional giant cells around caseous type of necrosis. Scattered abscesses were also seen. There was no evidence of malignancy. Opinion was chronic caseating granulomatous inflammation of salivary gland consistent with tuberculosis. Post operatively she recovered uneventfully and was started on four drugs anti tuberculous treatment with regular follow up

DISCUSSION

Tuberculosis is a common disease in Pakistan. During tuberculosis of parotid, intraparotid and periparotid lymph nodes may become infected either by lymphatic drainage from the oral cavity or hematogenous from a pulmonary focus [2].



Figure: (Rt) Sided Parotid Swelling in our patient.

There are 15 to 20 lymph nodes within parotid gland. An interesting route was described by Diaz et al and they documented parotid gland tuberculosis after instillation of BCG for a superficial intravesical cancer [3]. The patients presents usually with the swelling of the parotid gland. Otorrhoea and facial paralysis are two uncommon presentations which are encountered in the literature [4,5]. Our case presented with right sided swelling only. Her facial nerve was intact. Clinically parotid gland tuberculosis mimics parotid neoplasm and diagnosis is difficult. Excisional biopsy was the procedure for diagnosis. It is rare for tuberculosis to affect the stroma of the gland and, if the salivary glands do become affected by tuberculosis, then it is the surrounding lymph nodes that are infected. Chronic infection can also occur in Sarcoidosis, syphilis, actinomycosis, leprosy and tularemia. Parotid gland tuberculosis is a rare entity. Only about hundred cases have been reported till 2003 and mostly by parotidectomy specimen.

CONCLUSION

Although tuberculosis infection is a rare cause of parotid enlargement, still it should be kept in mind in differential diagnosis of a

patient with parotid swelling in countries where tuberculosis is a common entity.

REFERENCES

1. Kundu S, das S, Dey A, Sengupta A. Tuberculosis of parotid gland-a rare clinical entity. *Indian J Otolaryngol Neck Surg.* 2004; 56: 57-8.
2. Mignogna FV, Garay KF, Spiegel R. Tuberculosis of the Head and Neck and Oral cavity. In: Rom WN, Garay S, editors. *Tuberculosis.* Boston: Little, Brown and Company; 1996. p. 567-75.
3. Diaz C, baldo C. Martin A, Fernandez MJ, Munoz M, Rodriquez L, et al. [Parotid tuberculosis following intravesical BCG instillation: A case report] [Article in Spanish]. *Acta Otorrinnolaringol Esp.* 2003; 54(2): 129-33.
4. Khodaei I, Rowley H, Muldoon C, Gaffney R. Tuberculosis of the parotid gland in a patient with otorrhoea. *Ir Med J.* 2001; 94(8): 250.
5. Sharma k, Mehdiratta NK, gupta AK. Tuberculosis of the parotid gland. *Can J Surg.* 1996; 39: 253.