

Primary Oropharyngeal Tuberculosis: About a Case

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Abstract:- Tuberculosis of the posterior oropharyngeal wall is a rare disease. Usually it is revealed by a sluggish or chronic odynophagia, sometimes very painful. We report a case of a primer oropharyngeal tuberculosis. Clinical features were pharyngeal ulcerations with yellow deposits. Diagnosis was confirmed by findings epithelioid granuloma with giant cells in surgical pathology examination of biopsy samples from posterior oropharyngeal wall and from cervical adenectomy. Specific antituberculous treatment led to a favourable outcome. Oropharyngeal tuberculosis has to be evoked in a case of odynophagia and dysphonia.

Keywords:- Tuberculosis, Adenitis, Oro-Pharynx, Histopathology.

I. INTRODUCTION

Tuberculosis is a frequent chronic granulomatous infectious disease caused by *Mycobacterium tuberculosis* or *bovis*, which can affect all organs.

In the ENT sphere, the lymph node tuberculosis is the most common. The oropharyngeal localization of tuberculosis is extremely rare, and is potentially serious because of its consequences on swallowing and especially on respiration, and poses a diagnostic problem, in particular with tumor pathology [2].

The objective of this work is to report an unusual case of primary oropharyngeal tuberculosis, and to emphasize the difficulties of the diagnostic.

II. CASE REPORT

This is a 63-year-old patient with no notable pathological history, who presented for 8 months a nasal voice associated with nocturnal rhoncopathy. The evolution was marked by the appearance of odynophagia to solids, with weight loss and deterioration of the general condition. Clinical examination revealed a regular mass, of firm consistency, bulging at the level of the oropharynx, and originating at the level of its posterior wall. Examination of the lymph node areas did not reveal cervical lymphadenopathy.



Figure1: Oropharangeal examination showing regular mass, of firm consistency, bulging at the level of the oropharynx, and originating at the level of its posterior wall

Head and neck CT scan revealed a tissue process in the posterior wall of the oropharynx, extending to the nasopharynx and hypopharynx, and weakly enhancing upon injection of the contrast medium. A biopsy was performed intraorally, pathological examination of which revealed areas of caseous necrosis surrounded by epithelioid

granulomas, with giant Langhans-type cells. Thus the diagnosis of tuberculous oro-pharyngitis was made. The chest X-ray was normal, and the sputum test for Koch's bacillus was negative, thus ruling out pulmonary tuberculosis.

The patient underwent tumor reduction via the transoral route, then put on anti-tuberculosis treatment for 6 months.

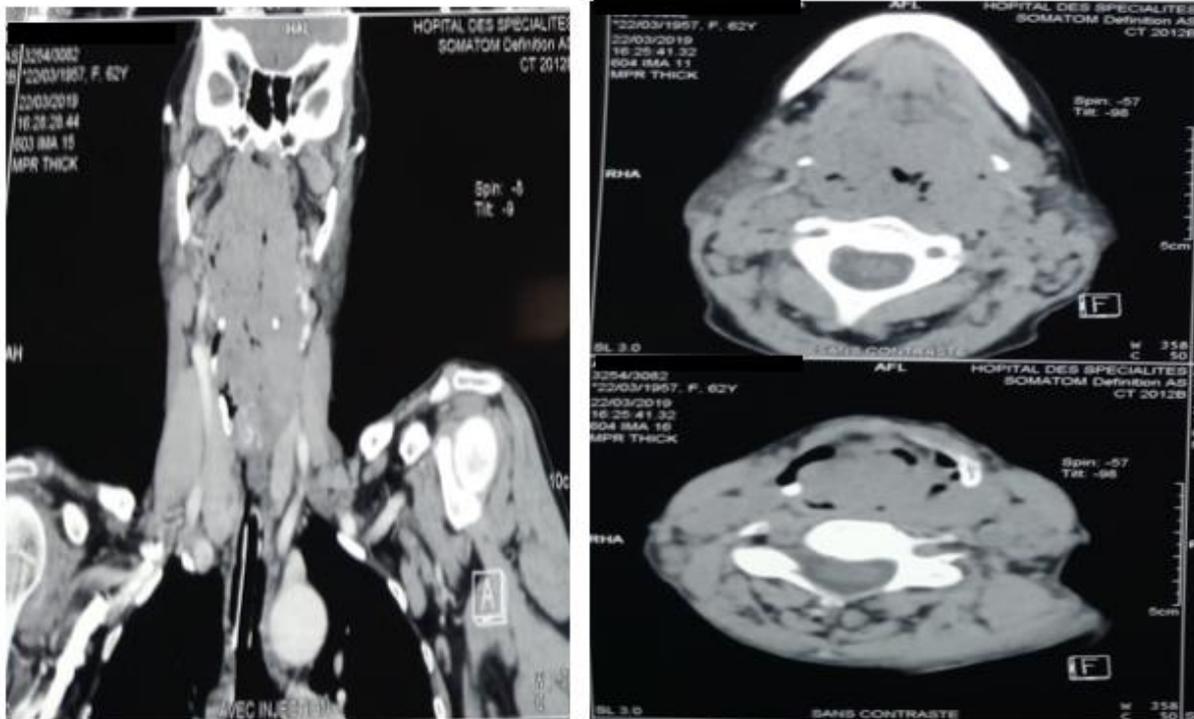


Figure2,3: Cervical CT-Scan: tissue process in the posterior wall of the oropharynx, extending to the nasopharynx and hypopharynx

III. DISCUSSION

The localization of tuberculosis is pulmonary in 80% of cases and extra-pulmonary (PET) in 20% of cases. PET mainly affects the ganglia (84.9% of cases) and the intestines (8.7%) [4]. The ENT shade is encountered in 9.73% of cases [5]. Tuberculosis of the pharynx is a rare condition, accounting for 0.97% of cases [4,6]. It is not uncommon to encounter different associated forms [3,7,8]. However, isolated involvement of the posterior wall of the pharynx is possible [9]. In addition to the miliary form of the pharynx [2], many authors report cases of abscess collection involving the posterior wall of the pharynx [3,8]. The age of onset of tuberculosis in the oropharynx shows two peaks at 30 and 60 years for Zanaret et al [6] if for all ENT locations, Le cointre et al [7] presented an age range of 15 to 87 years old. Women are the most affected, with a sex ratio of 0.66 [7]. There are three classic ways of infecting tuberculosis, namely hematogenous, lymphatic and airborne. The lymphatic and hematogenous pathways would be involved in the pharyngeal localization observed in our patient.

A bundle of epidemiological, clinical and therapeutic arguments allows us to retain the diagnosis. The general signs observed were very clear, but they are not always clear in the literature, which can lead to a diagnostic error [6]. Odynophagia was the main functional sign in our patient, it is marked in the majority of cases of pharyngeal tuberculosis [2,9] which can have a significant impact on swallowing and general condition. There was also the existence of a biological inflammatory syndrome and radiological signs strongly suspect.

Likewise, he was in favor of diagnosing these specific pathological lesions in the pharynx and lymphadenopathy in a tuberculous endemic country [10]. The association of these arguments with obtaining a bacilloscopy positive sputum confirmed the diagnosis. The differential diagnosis is made with cancer of the pharynx and with granulomatosis of infectious or non-infectious origin.

The treatment of tuberculosis of the pharynx is mainly medical. We followed the national protocol: ethambutol, rifampicin, isoniazid, and pyrazinamide for two months, followed by ethambutol and isoniazid for six months.

In later stages, surgery is indicated, such as the incision, draining of an abscessed collection from the posterior wall of the pharynx. The treatment aims to eradicate infection and restore swallowing function [1]. Under treatment, in the majority of cases, recovery can be expected, which consists in the disappearance of symptoms and anatomical lesions. This healing was observed in our patient, which only confirms the diagnosis of tuberculosis.

IV. CONCLUSION

Oropharyngeal tuberculosis is a rare condition, revealed by dysphonia but above all by trailing or chronic odynophagia, which may be significant. The diagnosis is pathological, confirmed by the anatomohistology. the treatment is mainly based on antibiotic chemotherapy, sometimes associated with surgery.

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