LINGUAL TB: AN EXTREMELY RARE CASE

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ABSTRACT
However primary tuberculosis of tongue is very rare. We report a case of 40 year female who presented with a nodular swelling of tongue with no cervical lymphadenopathy suggestive of malignancy. The lesion was diagnosed as primary lingual tuberculosis after biopsy and patient responded well to antitubercular chemotherapy.

Keywords: Tuberculosis, Tongue, Malignancy

INTRODUCTION
Tuberculosis is a major cause of ill health and death worldwide. But tuberculosis of oral cavity is rare event (Mignogna et al., 1996). Studies vary but incidence was usually been reported as less than one (<1%) of tuberculosis patients (Hadad et al., 1987; Anim and Daulatly, 1991; Adeigo et al., 1994).
Oral tuberculosis lesions may be either primary or secondary. Primary lesions are uncommon seen in younger patients and presentated as single painless ulcer with regional LN enlargement. Secondary lesions are common often presented as single indurated painful ulcer associated with pulmonary disease in any age group but relatively common in middle or elderly age group.
Since the introduction of effective chemotherapy, tuberculosis of lesion of the oral cavity have become so infrequent that it is virtually a forgotten disease entity and have diagnostic problem but inspite of this the purpose of this article is to emphasize the importance early diagnosis of primary tuberculosis of oral cavity specially of lingual tuberculosis.

CASE REPORT
A forty year old female residence of Jaipur Rajasthan In present in OPD, department of surgery of SMS Medical College with complaints of pain in tongue, of lower grade, dull aching, non radiating. There was no history of cough, fever and hemoptysis or weight loss. The patient belongs to low socioeconomic status. Patient was routine user of tobacco chewing since twenty years.
On examination her general built and were normal. A 3 x 4 in nodular swelling seen Lt Latest boarder and tongue, Figure (1). Surrounded induration was present and no cervical or axillary’s LN were palpable. A provision diagnosis of Ca. tongue was considered.

Figure 1: Lingual Tuberculosis
All lab investigation was normal within limit. Biopsy was taken from margin showing presence of narcotizing epithelial cells granuloma among underling skeletal muscle fibers with langherhanse giant cells and lymphocytes infiltrated Figure (2, 3).

**Figure 2:** Shows a necrotizing granuloma with central necrosis surrounded by epithelioid cells, histiocytes, giant cells and lymphocytes

**Figure 3:** High power view of a langhans type giant cell. Features are those of tuberculosis

**DISCUSSION**

Every year approximately two million people in India develop tuberculosis, accounting for ¼th of the world’s new tuberculosis cases (Dye et al., 1994).

Incidence of tuberculosis in India is 168/ 100,000 population per year and prevalence 312 / 100,000 population per year (World Health Report, 2006).

However oral manifestation of tuberculosis is rare with an incidence of 1.4% of total tuberculosis cases (Iype et al., 2003).
Case Report

Tongue and palate is most common site of oral tuberculosis. Floor of mouth, soft palate, gingival, lips, hard palate can be involved (Gupta et al., 1998).

Primary tuberculosis is rare event and secondary tuberculosis of oral cavity occurs in 0.05 to 0.5% of elderly tuberculosis patients (Gupta et al., 1998; Bhaderkar et al., 1933; Weidman and Campbell, 1939).

Saliva is believed to have a protective effect which may explain the paucity of tuberculosis of oral cavity, despite the large number of bacilli contacting the oral cavity mucosa in a typical case of pulmonary tuberculosis (Mignogna et al., 1996; Komer et al., 1965; Prada et al., 1994).

In primary oral tuberculosis the organism are directly inoculated on the oral mucous membrane of a person who has not been previously infected. Local factor that may facilitated the invasion of oral mucosa include poor oral hygiene, leukoplakia, local trauma and irritation by clove chewing or use of crude coal ashes (Jain et al., 2002).

But in our case absence of source of tuberculosis in any part of body the bacilli may have been inoculated in tongue from aerosol. We cannot rule out a role of traumatic inoculation of tubercular bacilli in this case as the patient use to wash teeth with crude coal ash.

Diagnosis is made by identification of caseating granuloma on biopsy. It is most likely that tuberculosis is only consideration when biopsy reveals granuloma.

Treatment follow in our country for tuberculosis is DOTS. Surgery is not required in such cases and prognosis.

REFERENCES
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