

Nasopharyngeal tuberculosis: A case report presenting with neck mass

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Abstract

Introduction: Tuberculosis is a common infectious disease. Nasopharyngeal involvement is a rare finding.

History: We present a case (33-year old female) of known chronic renal failure with primary nasopharyngeal tuberculosis. The only manifestation of disease was bilateral cervical lymphadenopathy. There were no tuberculosis lesions in other organs. Diagnosis was made based on result of pathological examination of biopsy. Improvement was obtained by anti tuberculosis therapy.

Conclusion: Tuberculosis must be considered in differential diagnosis of nasopharyngeal mass.

Keywords: Tuberculosis, Nasopharynx, Neck mass.

Introduction

Tuberculosis continues to be a common infectious disease worldwide. There are an estimated 8.5 million new cases annually with an annual death toll of nearly 1.7 million (1). It can affect many organs; the most common is lungs infection. Immunosuppressive conditions, aging, transplantations and HIV infections lead tuberculosis to present atypically and sometimes extra pulmonary manifestations that result in delays in diagnosis and treatment (2). Upper respiratory tract involvement is uncommon and the least common regional involvement is nasopharyngeal region (3).

Case Report: A 33-year- old Caucasian lady presented with nontender nonerythmato superior and middle cervical lymphadenopathy from two months ago without fever or sweating (fig. 1).



Fig. 1- Left side neck mass of the patient

She was a known case of chronic renal failure (CRF) and in her past history there was multiple visited and treating with many antibiotics (cephalexin, amoxicillin...) for neck masses with no responses, and gradual enlarging of masses. On admission her temperature was 37.2 c (oral) and finding of physical examinations were normal except nontender nonerythmato bilateral neck mass. Her chest x- ray was normal and without any abnormal findings (fig. 2).

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