

## A Case Report on Tonsillar TB: Mischievous *Mycobacterium* Strikes Twins

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### Abstract

Tuberculosis is global disease with an incidence of 9.6 million cases as per WHO report in 2015. India accounts for an estimated 2.2 million cases. 4% of Indian population is infected with TB with vast majority having latent infection. Early detection and intervention is needed for cure, hence we reporting this case of twin boys with a rare entity of tonsillar TB to bring on a familiarity to varied presentations.

**Keywords:** Tuberculosis; Tonsillar TB; *Mycobacterium*

### Introduction

Dr. Robert Koch discovered *Mycobacterium tuberculosis* in 1882 and paved the way for diagnosis of an array of conditions attributed to the bacteria. In earlier days, 6.5% of the tonsils removed from asymptomatic patients were infected with tubercles of *M. bovis* present in infected cow's milk. With advent of ATT and pasteurization of milk, there was reduction in worldwide prevalence and tonsillar TB became rare.

### Case Report

A 10 year old male child (Twin 1) reported to us in OPD with repeated attacks of acute tonsillitis over the past year and no relief on medication. He gave history of high grade fever, with chills and rigor for a fortnight. Examination showed B/L Grade 3 tonsillar hypertrophy with tender 2\*2 cm JD nodes. We started him on cephalosporins and got routine blood work and chest X-ray done. With no significant improvement, patient was planned for adenotonsillectomy under GA. Intra-operatively, the tonsillar tissue was fragile and bled profusely. Specimen was sent for HPE. A week later his brother (Twin 2) reported with persistent fever for a month, swelling of neck and painful swallowing. Immediate admission and blood work up was done. The brothers were started on ATT at our dedicated TB centre. Twin 2 showed improvement in the morphological picture of tonsils within a month's time.



Figure 1: CECT Neck picture showing cervical lymphadenopathy - Bilateral.



Figure 2: Improved clinical picture of oropharynx of Twin 2 after initiating ATT - post one month.

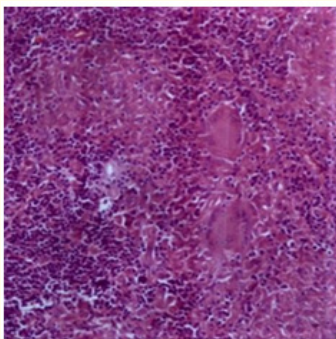


Figure 3: Histopathological picture.

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### Discussion

Extra pulmonary TB accounts to 25% overall morbidity. The common signs and symptoms of primary tonsillar TB are a sore throat, enlargement of tonsils and cervical lymphadenopathy. These are very commonly seen in children suffering from acute tonsillitis of bacterial origin. We also observed the formation of membranes over the medial surface.

Absence of Mantoux test reactivity in TB patients can be seen if they are immunocompromised. If FNAC, isn't diagnostic for the same, lymph node biopsy should be done to not miss this diagnosis.

### Conclusion

TB should always be ruled out in low socioeconomic group and AFB staining be mandatory in kids with persistent cervical lymphadenopathy. Early detection is essential for proper treatment and management of the disease. Can we use it as differential diagnosis for membranous tonsillitis? Should tonsillar tissue HPE be a must post tonsillectomy? These queries will continue to exist and will be a surgeon's discretion till we bring in new guidelines. Primary tonsillar TB is rare and it's presence in twin brothers made us report this case.