

Primary Hypopharynx Tuberculosis

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Abstract

Case Report

Pharyngeal localizations of tuberculosis have become rare since the advent of modern anti-tuberculosis drugs and anti-bacillary vaccination, hypopharynx tuberculosis is the rarest localization of the pharynx, however it is still current in endemic countries, especially in Asia and Africa. They pose a problem of differential diagnosis with cancers. We report a rare case with primary involvement of pyriform sinus due to tuberculosis in a 54-year-old men who presented for 3 months a submandibular lymphadenopathy is reported. There were no clinical or radiological pulmonary findings. The aim of our observation is to draw the practitioner's attention to this pathology as well as the problems of differential diagnosis with hypopharyngeal cancers.

Keywords: Extrapulmonary, hypopharynx, Tuberculosis, antibacillary.

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INTRODUCTION

Tuberculosis is a chronic bacterial infection caused by a bacteria belonging to the complex *Mycobacterium tuberculosis*. The disease most commonly affects the lungs, but other organs are involved in almost a third of the cases [1, 2]. Except the lymph node location, ENT tuberculosis is rare [3, 4]. We report a clinical case of tuberculosis of exceptional localization: the hypopharynx mimicking a tumor hence the diagnostic difficulties.

CASE REPORT

54-year-old patient, chronic smoking, with left maxillary lymphadenopathy, otolaryngology examination. Objectified to nasofibroscopy tissue formation in the right piriform sinus (Figure 1).

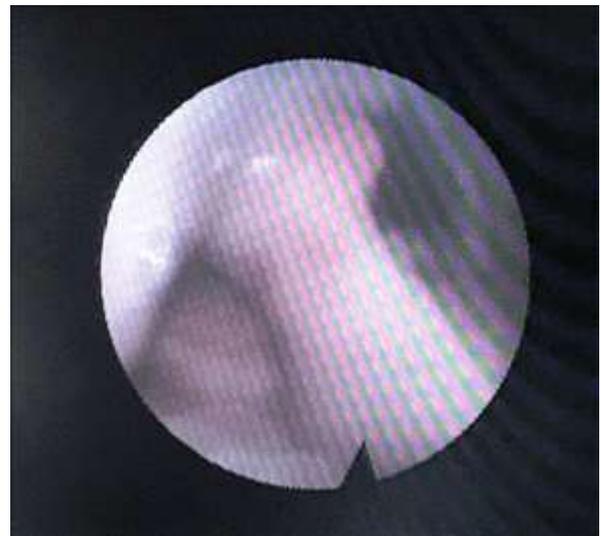


Fig-1: Objectified to nasofibroscopy tissue formation in the right piriform sinus

A CT scan showed tissue thickening of the right posterolateral wall of the hypopharynx, measuring 24 mm long axis, erasing the para-pharyngeal fat and the retro-pharyngeal space with the presence of magma of bilateral jugulo-carotid lymphadenopathy. (figure 2, 3).

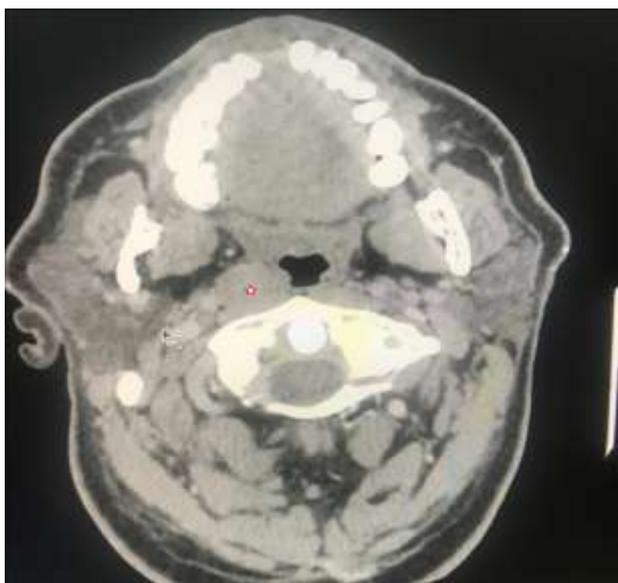


Fig-2: Cervical CT in axial section showing a process of the hypopharynx (asterisk)

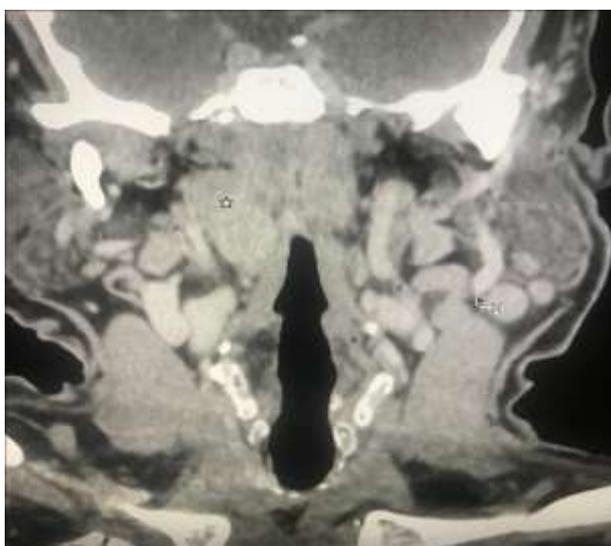


Fig-3: Cervical CT in coronal section showing a process of the hypopharynx (asterisk)

A direct suspended laryngoscopy was programmed and the histological results showed a chronic and granulomatous inflammatory process composed of epithelioid and giant-cellular follicles centered by large areas of caseous necrosis thus concluding with tuberculosis of the hypopharynx.

The chest X-ray did not find any lung lesions, the diagnosis of primary tuberculosis of the hypopharynx was retained and the patient was referred to the pulmonology department where he was put on quadritherapy of anti-bacterials during the attack phase based on isoniazid at a dose of 5 mg / kg / day, Rifampicin 10 mg / kg / day, pyrazinamide 25 mg / kg / day and Ethambutol 20 mg / kg / day; for two months followed by a four-month biotherapy based on Isoniazid and Rifampicin, according to the Moroccan anti-tuberculosis protocol.

DISCUSSION

Tuberculosis (TB) is a disease that rages worldwide, especially in Asian and African countries including Morocco, where the frequency of tuberculosis is quite high. According to the latest estimates of world health organization (WHO), the number of incident cases of tuberculosis was 36,000 for the year 2016 an incidence of 103 new episodes of tuberculosis per 100,000 inhabitants. With a proportion of extra pulmonary tuberculosis estimated at 46% [1].

Common sites include lymph node, cervical spine, parotid, tongue, hard palate, soft palate, temporomandibular joint, tonsil and larynx [2].

Pharyngeal involvement appeared in less than 1% of patients with head and neck tuberculous infections. Tuberculosis of the hypopharynx is arguably the rarest of all pharyngeal locations; it is described in the literature as a case report [3, 4, 5, and 6]. In most cases, tuberculosis of the hypopharynx is revealed by odynophagia, dysphagia, but it can also mimic the signs of a malignant tumor, as was the case with our patient, hence the difficulty in diagnosing this localization [5-7].

Other differential diagnoses include lymphoma, minor salivary gland tumors, neurogenic tumors, and Wegener's disease [7]. The diagnostic certainty is based on the histological study and / or the bacteriological examination [2, 7].

Radiological examinations like CT and magnetic resonance imaging (MRI) is not necessary for diagnosis but would be valuable in head and neck tuberculosis, in extension assessment[2].

Treatment includes isoniazid with a combination of two or three of rifampin, ethambutol, and pyrazinamide drugs for a period of more than six months, generally between 9 and 12 months

After two weeks of treatment, symptoms improve and contagiousness of the micro-organism is significantly decreased (1, 2, 11).

CONCLUSION

Tuberculosis of the hypopharynx is a rare entity, which is often manifested by a pseudo-tumor syndrome, the definitive diagnosis is histological and the treatment is often long lasting, up to 12 months

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