

# TUBERCULOSIS OF HEAD AND NECK TWO CASE REPORTS

Pages with reference to book, From 25 To 26

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Two unusual cases of tuberculosis of head right eyeball with normal vision. There was and neck are reported here.

## 1. T.B. OF MAXILLARY SINUS

F.K., a 40 years old male with a history of proptosis, was seen by an ophthalmologist in January 198. His examination revealed a fixed right eyeball with normal vision. There was associated swelling of the right cheek. Lower eyelid biopsy had been done twice in the past, and diagnosed as tubercular granuloma. He had been prescribed anti-tubercular drugs in the past, which he took for a short time and then discontinued himself. He later developed an oroantral fistula on the right side and was, therefore, referred to the ENT department. Examination showed marked proptosis, large swelling of the right cheek and oro-antral fistula with fetid discharge. His ESR was 72 mm/1st hour and haemoglobin was 10.5 g%. X-ray chest was normal. X-ray of para-nasal sinuses disclosed erosion of the floor and the lateral wall of right orbit. A diagnostic Caldwell Luc operation was carried out under anaesthesia, and a biopsy taken from the lower eyelid. Histology of both these specimens revealed "Chronic Granulomatous inflammation compatible with tuberculosis". The patient was put on long-term antitubercular therapy including rifampicin 450 mg daily for three months and ethambutol plus INH 400 mg three times a day for twelve months. The patient has been followed up since then and is doing well.

## 2. TB. OF NASO-PHARYNX

An 18 year old girl presented in the OPD with a history of nasal obstruction and multiple lumps in the neck. On examination, she had bilateral cervical lymphadenitis. The glands were multiple, matted, bilateral but not fixed. Examination of the nose and pharynx showed no significant change. Posterior rhinoscopy, however, revealed a small midline mass. Other systems were normal. The haematological findings were Hb of 11.4 Gm%, TLC 9,400/cumm with 88% neutrophils, 4% lymphocytes and 8% monocytes. Her ESR was 40 mm in the 1st hour. X-ray chest showed a large calcified shadow in the right hilum suggestive of healed tubercular lesion. Examination of the naso-pharynx under anaesthesia confirmed a small mass which was removed for histology. The result came as tuberculosis of nasopharynx. The patient was put on anti-tubercular treatment and she is doing very well.

## DISCUSSION

Tuberculosis of Maxillary sinus is very rare. Usually, a primary focus is present in the lungs but primary focus elsewhere is rare. Gleitsmann<sup>1</sup> reported 3 out of twenty cases without a primary focus elsewhere in the body. Since then more cases have been added<sup>2,3</sup> and the total number upto 1968 was 38. The rarity of the disease can be understood by the fact that Myerson<sup>3</sup> saw only a single case of tuberculosis of Maxillary sinus during a five years period at a large T.B. hospital. The present case is also interesting because he presented to us as TUBERCULOMA appearing over the lower eyelid. Tuberculosis of the nose and para-nasal sinuses, though rare has been reported. Tuberculosis of nasopharynx, however, is extremely rare and this is the first case seen in the last 20 years.

## **REFERENCES**

1. Gleitsmann, J.W. Laryngoscope, 1907; 17: 445.
2. Hersh, JR. Arch. Otolaryngology, 1938; 28:287.
3. Myerson, M.C. Otolaryngology, edited by G.M. Coates, H.P. Schenck and M.V. Miller Prior, Maryland, Hagerstown, 1956.