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PHOTO QUIZ

A 56-year-old man with tongue lesions

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CASE REPORT

A 56-year-old man from Suriname who had been living in the Netherlands for the last 30 years presented in the outpatient department with a five-month history of a painless swelling of the tongue. Seven years earlier he was investigated because of pleural effusion, classified as a pleuritis of unknown origin. Testing for tuberculosis at that time was negative. There was no history of fever, weight loss or night sweats. The patient complained of a dry cough and dyspnoea on exercise. Local examination revealed an irregular nodular swelling in the middle of the tongue (*figure 1*). There was no lymphadenopathy and breath sounds were normal. The routine blood investigations were within normal limits except for a raised erythrocyte sedimentation rate (32 mm in the first hour). The anteroposterior chest X-ray showed consolidations in the right and left upper lobe without lymphadenopathy (*figure 2*).

Figure 1. *Irregular nodular swelling of the tongue*

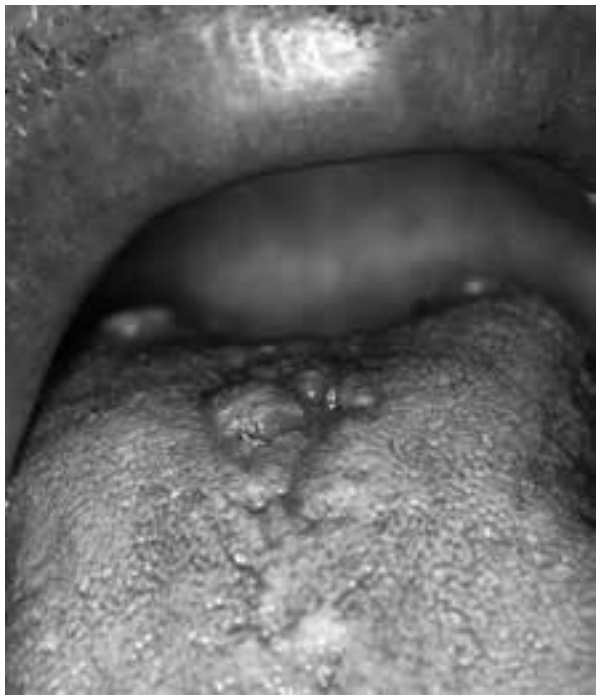
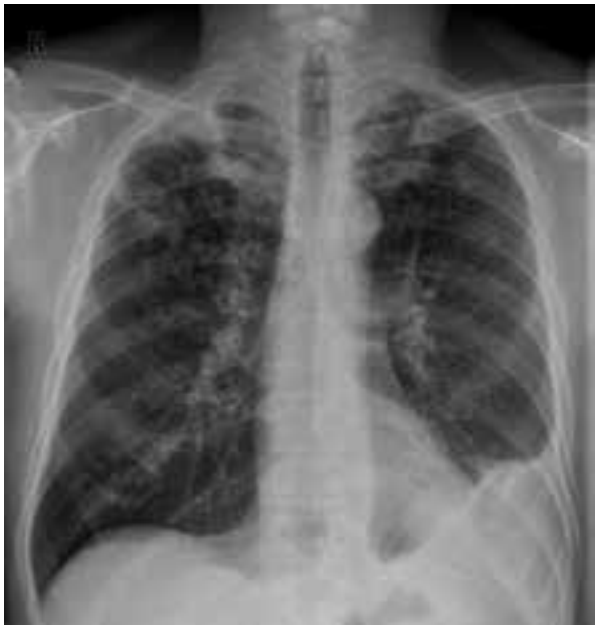


Figure 2. *Chest X-ray showing bilateral infiltrations in the upper lobes*



WHAT IS YOUR DIAGNOSIS?

See page 434 for the answer to this photo quiz.

ANSWER TO PHOTO QUIZ (PAGE 430)

A 56-YEAR-OLD MAN WITH TONGUE LESIONS

Histopathology of the swelling disclosed a granulomatous reaction with necrosis and the Ziehl Neelsen stain for acid-fast bacilli was positive. Microscopic examination of the sputum also revealed acid-fast bacilli and a polymerase chain reaction of the sample was positive for *Mybacterium tuberculosis* complex. The Mantoux test performed measured 20 mm after 72 hours. We concluded that our patient suffered a lingual manifestation of tuberculosis secondary to an active pulmonary tuberculosis. Antitubercular treatment for a period of six months was started.

Tuberculosis of the tongue, or lingual tuberculosis, is an uncommon presentation of *M. tuberculosis* infection. The oral cavity accounts for 0.2 to 1.5% of all the cases of extrapulmonary tuberculosis. Most cases are secondary to pulmonary tuberculosis and rarely primary in origin.[1,2]
In patients with tuberculosis of the oral cavity, pain and odynophagia (painful swallowing) are the most commonly reported local symptoms (both 15%). Less frequently dysphonia, burning sensation, reflux, excessive salivation, halitosis, and intra-oral bleeding are present.[3]
Tuberculosis of the tongue usually presents as a chronic non-healing mucosal ulceration but may occur as a swelling, charge with or without fistulae, nodules, fissures, or granulomatous plaques.[3]
Other differential diagnoses include traumatic ulcers, aphtous ulcers, actinomycosis, histoplasmosis, syphilitic ulcer, neoplasms and Wegener's granuloma.[4]
Histopathological analysis is essential to confirm the diagnosis, by finding necrotising granulomas and demonstrating acid-fast bacilli or *Mycobacterium* species.
Although rare, tuberculosis should be included in the differential diagnosis in patients presenting with a mucosal lesions in the oral cavity.

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