

TONGUE TUBERCULOSIS SECONDARY TO PULMONARY TUBERCULOSIS

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SUMMARY

Tongue tuberculosis is very rare and has been described in single cases only. In this article a 45 year old male with tongue tuberculosis secondary to pulmonary tuberculosis is presented. He was admitted to our center with two months history of a painful ulcerated lesion on his tongue and respiratory symptoms. His chest radiograph showed bilateral infiltrates and multiple cavities in the upper and middle lung fields. Tongue biopsy revealed granuloma typical for tuberculosis. His sputum smear was positive for acid fast bacilli. He was started on a regimen of isoniazide, rifampicine, pyrazinamide and ethambutol. The tongue completely healed within a month. In conclusion, tuberculosis should be taken into consideration in differential diagnosis of chronic tongue lesions.

Key words: tuberculosis, tongue, pulmonary

ÖZET

Akciğer Tüberkülozuna Sekonder Dil Tüberkülozu

Dil tüberkülozu çok nadirdir ve sadece tek olgular olarak tanımlanmaktadır. Bu yazıda, 45 yaşında akciğer tüberkülozuna ikincil dil tüberkülozlu erkek hasta sunulmuştur. Hasta 2 aydır devam eden dilde ağrılı ülseröz lezyon ve solunum sistemi yakınmaları ile merkezimize başvurdu. Göğüs röntgenogramı üst ve orta akciğer alanlarında bilateral infiltrasyonlar ve çok sayıda kavite gösteriyordu. Dil biyopsisi tüberküloz için tipik granulom saptadı. Balgam yayma incelemesi aside dirençli basil açısından pozitif idi. Hastaya izoniazid, rifampisin, etambutol ve pirazinamid içeren tedavi rejimi başlandı. Dil 1 ay içinde tam olarak iyileşti. Sonuç olarak, kronik dil lezyonlarının ayırıcı tanısında tüberküloz da düşünülmelidir.

Anahtar kelimeler: akciğer, dil, tüberküloz

INTRODUCTION

Tongue tuberculosis is very rarely described in the literature. It was reported that it occurred in only one of 5,094 patients who were diagnosed as having pulmonary tuberculosis⁽¹⁾. It can be primary with no evidence of involvement of other organs, especially the lungs, or, more commonly, secondary to pulmonary tuberculosis⁽²⁻⁵⁾. The aim of this paper is to describe

a case of tongue tuberculosis secondary to pulmonary tuberculosis in the context of previous literature.

CASE REPORT

A 45-years old male was admitted to our center with two months history of a painful ulcerated lesion on his tongue. During that period, he had also had cough,

sputum production and weight loss. He had a history of cigarette smoking of 30 pk-yrs. On admission, his tongue was oedematous and there was an ulcerated lesion on the left ventrolateral border of tongue (figure I). There was not any pathologic finding on physical examination of other systems. Chest radiograph showed bilateral infiltrates and multiple cavities in the upper and middle lung fields (figure II). Complete blood cell count, routine biochemical tests and urine analysis were within normal limits. Erythrocyte sedimentation rate was 75 mm in first hour. HIV test was negative. Tongue biopsy revealed granuloma typical for tuberculosis. His sputum smear was positive for acid fast bacilli. The tuberculin skin test was positive. He was started on a regimen of isoniazide (300 mg/day), rifampicine (600 mg/day), pyrazinamide (1500 mg/day) and ethambutol (1500 mg/day). The tongue completely healed within a month. Two months after therapy, the sputum smear changed to negative.



Figure I: Single ulcer on the left ventrolateral side of the tongue

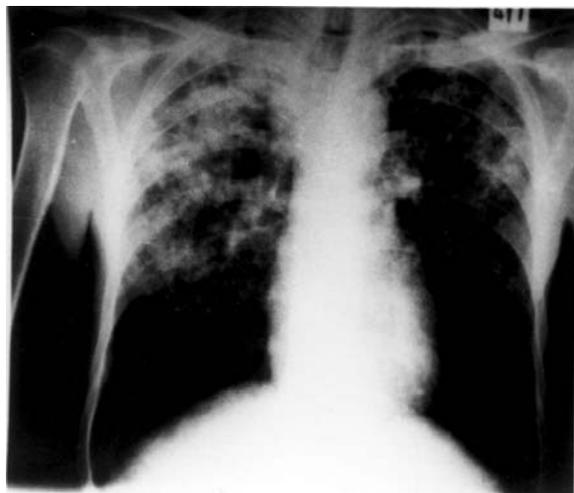


Figure II: Bilateral disseminated infiltrations and cavities throughout upper and middle lung fields

DISCUSSION

According to the views predominating at the world, both primary and secondary tuberculosis of tongue and oral cavity are rare and occur in less than 0.2% of all cases of tuberculosis⁽⁶⁾. Tongue is the most commonly effected structure of oral cavity⁽⁷⁾. Tongue tuberculosis has been described in single cases only (4, 5, 7, 8). It may occur as primary or secondary to tuberculosis of other organs^(3, 5).

We present a case of tongue tuberculosis secondary to pulmonary tuberculosis at a 45 years old male. Tongue tuberculosis is more common among males than females and is usually observed at patients aged over 40 years⁽⁴⁾. Although the dorsal surface is more commonly involved, ventral surface involvement can be observed at patients with tongue tuberculosis⁽⁸⁾. Our patient had left ventrolateral surface involvement and there was a single ulcer on tongue. A single ulcer is the most frequent lesion of tongue tuberculosis it may rarely occur as a fissure, a tuberculoma, diffuse glossitis or multiple ulcers⁽⁵⁾. The present patient had a single ulcer on his tongue and this lesion was secondary to pulmonary tuberculosis. Chronic ulcerating type is always secondary to pulmonary tuberculosis⁽⁸⁾. The differential diagnosis of tongue tuberculous lesions include malignancy, granulomatous disease, syphilis, traumatic and aphtous ulcers, mycotic infections^(5,8). Biopsies for histopathological and microbiological examinations should be obtained for definite diagnosis⁽⁵⁾. In our case, we performed tongue biopsy and it revealed granuloma typical for tuberculosis. Patients with tongue tuberculosis respond well to antituberculous therapy because tongue is highly vascular. In most cases, tongue lesions heal completely within a few months^(3-6, 9). In present case, the tongue completely healed within a month and the sputum smear changed to negative two months after therapy. In conclusion, although tuberculosis of tongue is rarely observed, it should be taken into consideration in differential diagnosis of chronic tongue lesions.

REFERENCES

1. Aktoğu S, Yorgancıoğlu A, Çirak K, et al. Clinical spectrum of pulmonary and pleural tuberculosis: a report of 5,480 cases. *Eur Respir J* 1996;9:2031-2035.

2. Gupta AG, Shinde KJ, Bhardwaj I. Primary lingual tuberculosis: a case report. *J Laryngol Otol* 1998;112:86-87.
3. Ramesh V. Tuberculoma of the tongue presenting as macroglossia. *Cutis* 1997;60:201-202.
4. Ucinska R, Sieminska A, Stominski JM. Tuberculosis of the tongue. *Case Rep Clin Pract Rev* 2002;3:102-104.
5. Aktoğu S, Eriş FN, Dinç ZA, Tibet G. Tuberculosis of the tongue secondary to pulmonary tuberculosis. *Monaldi Arch Chest Dis* 2000;4:287-288.
6. Prada JL, Kindelan JM Villanueva JL, et al. Tuberculosis of the tongue in two immunocompetent patients. *Clin Infect Dis* 1994;19:200-202.
7. Köksal D, Acıcan T, Kanat F. Tuberculous ulcer of the tongue secondary to pulmonary tuberculosis. *Aust N Z J Med* 2000;30:518-519.
8. Arınç S, Arınç B, Bayal I, et al. Secondary lingual tuberculosis: a case report. *Turkish Respir J* 2003;4:25-26.
9. Zivkovic D, Velojic D, Dordevic D. Tuberculosis of the tongue in chronic hematogenous lung tuberculosis. *Pneumologie* 1993;47:36-37.