

Case Report

Parotid Gland Tuberculosis

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ABSTRACT

Tubercular involvement of parotid gland is an extremely rare disease. So far only few cases have been reported in the medical literature. Clinically it present as a slow growing parotid swelling. A high degree of clinical suspicion is required for its diagnosis. We present a rare case of parotid tuberculosis to highlight the clinical presentation, laboratory investigation and importance of FNAC in the diagnosis of this rare disease.

Keywords: Parotid; Tuberculosis; FNAC.

INTRODUCTION

Tubercular involvement of parotid gland is an extremely rare form of extrapulmonary tuberculosis. It is rarely found even in countries where tuberculosis is endemic. [1] It usually presents as a unilateral swelling or abscess and can easily be confused with Warthin tumor. A high index of suspicion is therefore require for its diagnosis. The diseases occur either by hematogenous route or direct extension from a tubercular lymph node. [2] The diagnosis is made by histopathological examination of resected specimen or by FNAC. If diagnosed early, medical management in the form of antitubercular therapy is curative and doesn't require surgical intervention. [3] We present here a similar rare case of parotid tuberculosis and also high light the importance of clinical suspicion and role of FNAC in the diagnosis.

CASE REPORT

A 45 years male presented in the out-patient department at JNMCH, AMU

with complaint of swelling in his right parotid region for 2 months which is gradually progressive. There was no history of any discharge from the swelling or high grade fever. There was no history of tuberculosis in past or any contact. On examination patient was of thin built and average nutrition. General survey was within normal limit except for a globular swelling in the right parotid region which was of 3cm in diameter (Fig.1). The swelling showed mild tenderness and fluctuation. Patient was investigated, routine investigations were normal except for mild anemia (Hb- 10.1mg/dl) and raised ESR (70mm/h). Chest x-ray was normal except few calcified hilar lymph nodes. FNAC from the swelling was done which showed chronic granulomatous changes compatible with the diagnosis tuberculosis (Fig.2). Patient was put on four drug anti-tubercular therapy for 6 month and responded well without recurrence in regular follow-up.



Fig: 1. swelling of right parotid gland.

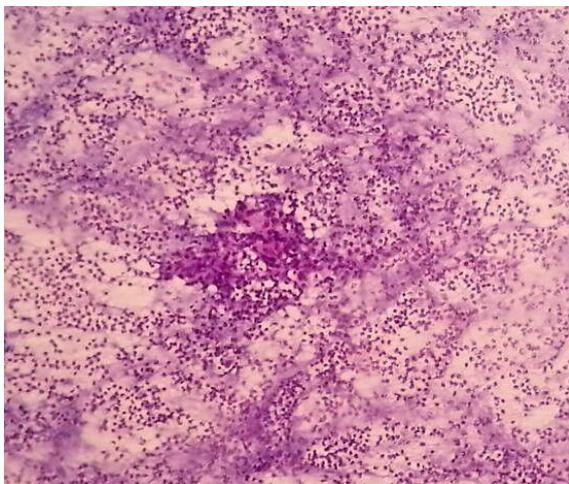


Fig: 2. FNAC from parotid swelling showing giant cells, epithelioid cells and lymphocytes.

DISCUSSION

Chronic parotiditis is a rare disorder. Only few cases have been reported so far in the literature and that too mostly in parotidectomy specimens. [4] It could be infectious (tuberculosis), non-infectious (sarcoidosis, autoimmune disease, malignancy and duct stone). [1] Of all salivary glands, parotid glands are most commonly affected by tuberculosis. [5] The disease can involve parotid gland by two routes- either as a direct extension from nearby focus or via hematogenous or lymphatic spread from a distant involved organ. [2] Clinically it present as a slow growing parotid mass, indistinguishable from malignancy. [3] The differential diagnosis includes-sarcoidosis, gland emphysema, Sjogren's syndrome, polyarteritis nodosa and neoplasm. [4] Due

to its rare presentation a high index of suspicion along with different sets of laboratory investigations are required to reach the diagnosis, which is confirmed by needle biopsy.

Radiological investigations like USG, MRI and CT are sensitive in detecting the parotid lesions, but findings are not specific and most of the findings mimic neoplasm. [2] A chest radiograph is helpful for associated pulmonary tuberculosis cases. The chest x-ray was however normal in our case. Thus histological examinations remain the main tool for confirmation of diagnosis. In parotid lesion FNAC has a sensitivity of 80-100% and specificity of 95-100%. [2] Thus, FNAC should be performed first for evaluation of a parotid mass.

PCR and tissue culture are other helpful tools to confirm tubercular parotiditis. [4] The disease was confirmed by the author on the basis of pathological finding and good therapeutic response to anti-tubercular therapy.

CONCLUSION

Tubercular parotiditis is an extremely rare condition and requires a high index of suspicion for its diagnosis. It should be suspected in all cases of chronic parotiditis with a tubercular workup of all such cases and FNAC from the lesion to confirm the diagnosis.

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