
TUBERCULOSIS OF THE CHEEK

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Introduction

Tuberculosis is a chronic granulomatous disease which in humans is mainly caused by *Mycobacterium Tuberculosis*, *Mycobacterium Bovis* and atypical *Mycobacteria*¹. The disease can affect various parts of the body but oral involvement is rare. Tuberculosis of extra-oral region is uncommon and is rarely primary. It is commonly seen secondary to pulmonary tuberculosis². It is estimated that only 0.05% of total tuberculosis cases may present with oral manifestations. The descending order of incidence of tubercular involvement of oral region is as follows: the tongue, soft palate, uvula, gingiva, lips and salivary glands³.

Case

A 42 year old male presented to my clinic complaining of dysphagia, muffled voice with painless oral lesion for six months duration. On taking history, he has productive cough with white-greenish sputum, no hemoptysis, no history of dental extraction. He quit smoking three months ago and gave history of frequent visits and a biopsy was taken by

otolaryngologist with negative result. He has no history of chronic diseases like diabetes mellitus or malignancy and he is not alcoholic.

On examination, the patient is male, thin built, not cyanosed, jaundiced or have clubbing of fingers.

Oral cavity examination reveals bad oral hygiene with ulcer in the right cheek 4-5 cm in diameter, painless with firm margins (Figure 1) with no cervical lymphadenopathy.

Video-laryngoscopy shows edematous both false vocal cords and arytenoids. Chest x-ray (Figure 2) shows bilateral apical lesions.

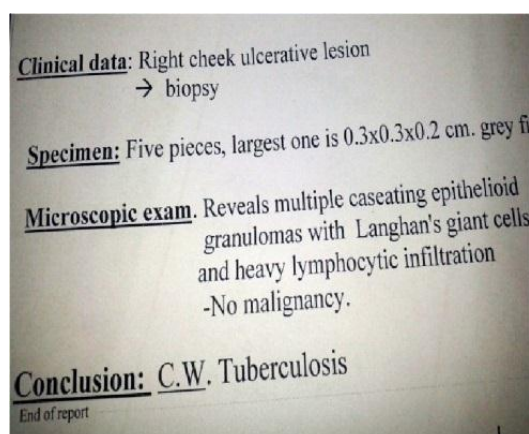
Hematological investigation was normal apart from mild anemia Hb 9 gm/100ml with raised ESR 87 mm/hr.

Sputum for AFB was positive.

Multiple biopsies were taken from the margins and the center of the ulcer which gave the diagnosis of tuberculosis of the cheek. The patient was sent to the tuberculosis center and started anti-tuberculosis therapy.

Figure 1: Clinical view



Figure 2: Chest x-ray**Figure 3: Pathology report**

Discussion

Tuberculosis of the cheek is uncommon and is in most cases secondary to tuberculosis elsewhere in the body. Primary tuberculosis is rare and is caused by *Mycobacterium Tuberculosis*. It is characterized by the formation of a primary complex in the lung because the bacterium has a particular affinity for the lungs. Primary tuberculosis is considered as an initial infection of any part of the body. Secondary tuberculosis is the result of reinfection with tubercular bacillus or reactivation of dormant endogenous bacilli. Oral tuberculosis is uncommon⁴. Chaudhary et al report the first case of

primary tuberculosis of the cheek in a 31-year-old male presenting as a nodular swelling of the cheek. Previous reported cases of extra-oral involvement of the cheek involved either fistula or sinus of the cheek⁵.

Maheswari⁶ concluded that, tuberculous granuloma is a rare form of oral tuberculosis. Pulmonary tuberculosis is usually the most common primary form which may disseminate and infect the oral cavity. Hence to diagnose oral lesions as primary tuberculosis, thorough examination to rule out other primary sites is mandatory.

References

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