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Research Article

**STUDY TO KNOW THE TREATMENT OF SINUSES IN  
PATIENTS HAVING TUBERCULOUS CERVICAL  
LYMPHADENITIS****<sup>1</sup>DR.Muhammad Afaq Shafar Cheema, <sup>2</sup>DR.Humma Najeeb, <sup>3</sup>DR.Rana Muhammad  
Armughan Ur Rehman**<sup>1</sup>Khawaja Muhammad Safdar Medical College, <sup>2</sup>Khawaja Muhammad Safdar Medical College  
Sialkot, <sup>3</sup>Quaid E Azam Medical College Bahawalpur Sialkot**Article Received:** January 2019**Accepted:** February 2019**Published:** March 2019**Abstract:**

*Tuberculosis is one of the most common infectious chronic disease in the world and also communicable. Although pulmonary tuberculosis has decreased in the Western world, the incidence of cervical mycobacterial infections has not been affected.*

*Objective: To know the incidence and treatment of tuberculosis in patients with cervical lymphadenitis having sinuses. Study Design: A Prospective Study.*

*Place and Duration: In the ENT department of Nishter Hospital Multan for Six months duration from July 2018 to December 2018.*

*Methods: Patients with cervical lymphadenitis with or without sinusitis / ulcer formation without any signs of acute inflammation for more than six weeks were selected for the study.*

*Conclusion: Surgical resection of the sinuses is an effective treatment of tuberculosis cervical lymphadenitis complicated by breast formation, followed by antituberculous chemotherapy, along with the affected lymph node.*

*Key words: cervical lymphadenitis, tuberculosis, sinuses.*

**Corresponding author:**

*DR.Muhammad Afaq Shafar Cheema  
Khawaja Muhammad Safdar Medical College  
Sialkot.*

QR code



*Please cite this article in press Muhammad Afaq Shafar Cheema et al., Cytotoxicity And Antibacterial Activity Of The 70%Ethanollic Extract Of The Stem Bark Of Piptadeniastrum Africanum Hook (Fabaceae)., Indo Am. J. P. Sci, 2019; 06(03).*

**INTRODUCTION:**

Tuberculosis is one of the third most common chronic infectious diseases in the world. Although pulmonary tuberculosis has decreased in the Western world, the incidence of cervical mycobacterial infections has not been affected. Tuberculosis is caused by bacteria belonging to the mycobacterium tuberculosis complex. In most cases of cervical lymphadenopathy, bacteria enter the ipsilateral amygdala. Infection of the decayed teeth, tonsils or adenoids usually affects the upper deep cervical ganglia. Tuberculosis cervical lymphadenitis develops in four stages. First, there is a lymphadenitis stage in which the lymph node is inflamed. Second, there is a stage in the periadenitis stage where inflammation causes the formation of nodes around which the lymph glands are entangled. The third stage is contactless with the formation of cold abscesses. End stage ulceration / sinusitis. The disease is usually confirmed by the histological presence of granulomatous and fast acid bacilli.

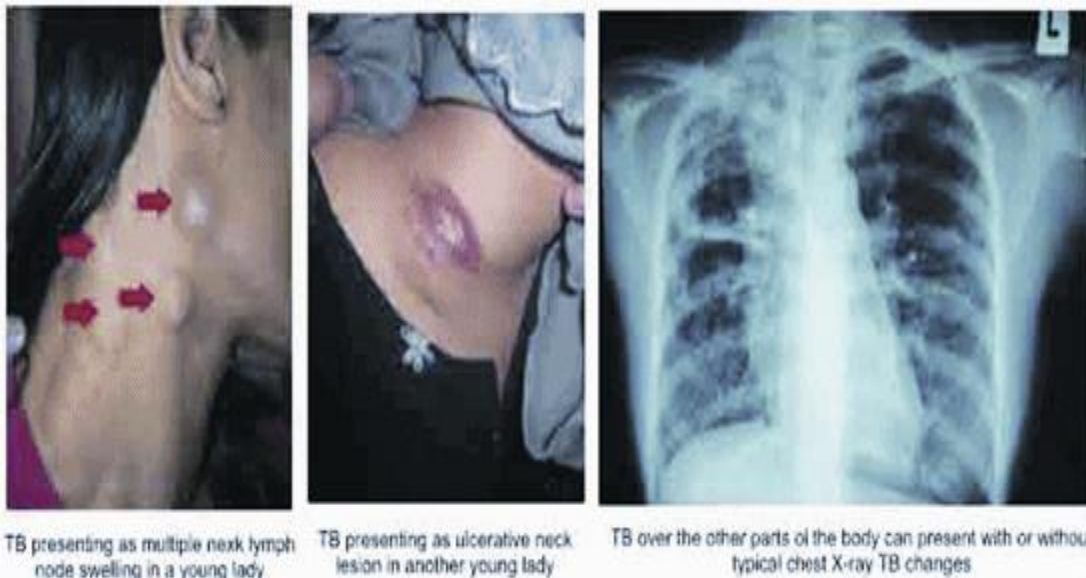
**MATERIALS AND METHODS:**

This Prospective Study was held in the ENT department of Nishter Hospital Multan for Six months duration from July 2018 to December 2018. All patients with cervical lymphadenitis with or without sinusitis / ulcer formation had a history of more than six weeks, and since there were no signs of acute inflammation attending the OPD of ENT department were selected, an adequate history was made after

admission to the ward. With clinical examination of all patients. All patients were advised to undergo an ESR on the hematological profile, chest x-ray appearance, Mantoux test and excision biopsy of the lymph nodes (if any), including the breast. After lymph node biopsy, patients were given prophylactic antibiotics with anti-inflammatory analgesics. Patients without tuberculosis were excluded from the study by histopathological examination. Antituberculous chemotherapy was recommended for all tuberculosis positive patients. Rifampicin, isoniazid, ethambutol and pyrazinamide for the first two months and rifampicin and isoniazid for the next four months. The follow-up was carried out four months, six months and one year later. No recurrence was found during this time.

**RESULTS:**

The ages of the patients ranged from 12 to 50 years. The maximum number of patients was 20 to 30 years (40%), followed by 12 to 19 years (30%). Regarding the gender of the patients, the female was 29 and the male was 21. The duration of enlarged lymph nodes ranged from 5 weeks to 230 weeks. Only 5 of 50 cases developed ulceration or sinus formation. Similarly, all of these 5 patients were treated with sinus excision together with the lymph node. This was followed by an antituberculous chemotherapy course and no recurrence was observed during the follow-up period



TB presenting as multiple neck lymph node swelling in a young lady

TB presenting as ulcerative neck lesion in another young lady

TB over the other parts of the body can present with or without typical chest X-ray TB changes

**DISCUSSION:**

This study was performed to determine the prevalence of tuberculosis in patients with cervical lymphadenitis. In our study, 5 of 50 patients were complicated by sinus or ulcer formation. A similar study was

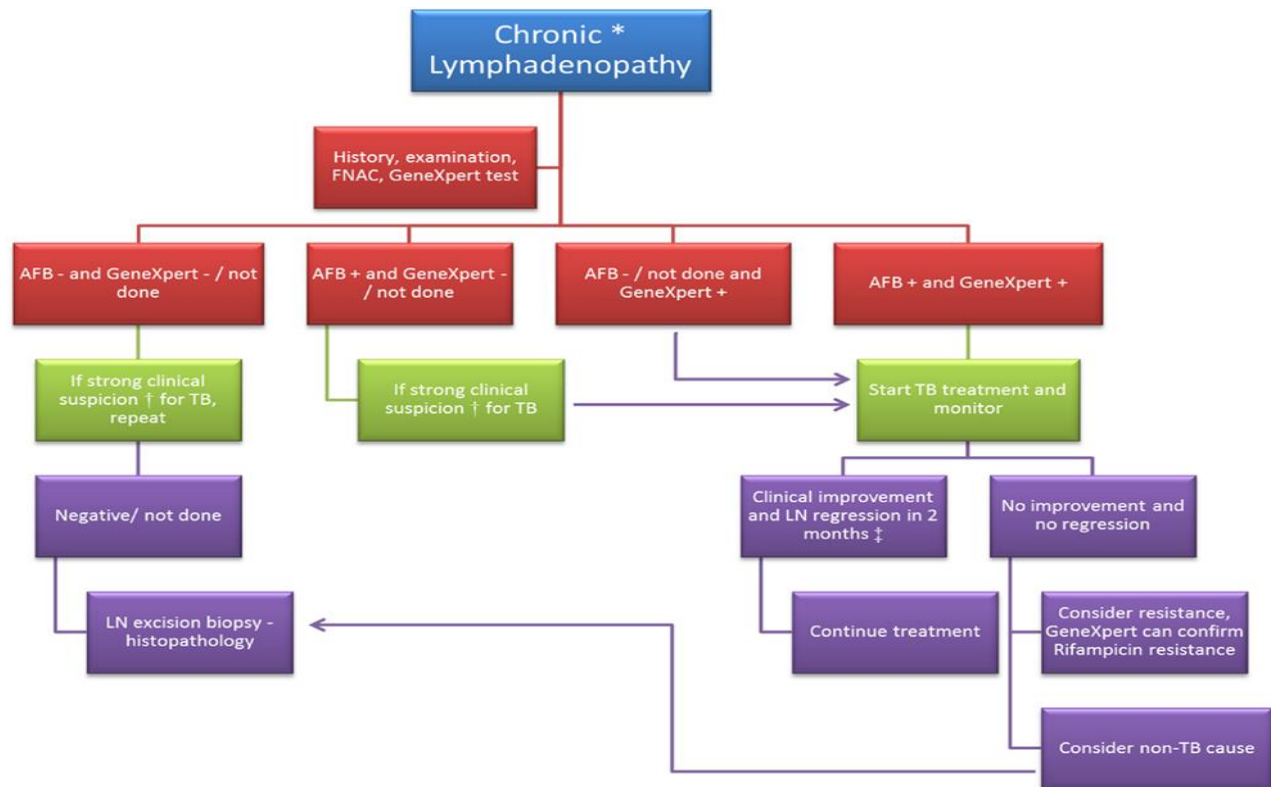
conducted by Siu *et al.* 80 cases of tuberculosis lymphadenopathy were confirmed by histological examination and 7 cases developed sinus formation. Seth *et al* Sinus secretion was found in 10% of the total patients. Campbell *et al.*



**MULTINODAL INVOLVEMENT WITH SINUSES AND SCARS**

A similar study was performed in which 108 patients were studied and 11% had fluctuations, 7% had breast formation and 4% had surgical scars decomposition. These findings are almost identical to our study. Jawahar stated that the disease is usually a painless lymphadenopathy of superficial lymph nodes, and a disease that can continue to develop abscesses and sinuses if neglected. Similarly, Jha *et al.* Also

examined tuberculous cervical lymphadenitis cases, where sinus discharge and abscess formation were rare. Therefore, it seems reasonable to observe that the terminal active stage of tuberculous lymphadenitis is the formation of abscesses following discharge of the body and that this stage is observed in those who are undernourished, immunosuppressed or not treated.



Regarding the treatment of cervical tuberculosis lymphadenitis leading to breast formation, we performed breast excision in all cases, followed by a short antituberculosis treatment with removal of the affected lymph nodes, and with the surgical excision of the relevant lymph nodes of the preferred method, since excision of antituberculosis treatment.

### CONCLUSION:

Surgical resection of the sinuses is an effective treatment of tuberculosis with cervical lymphadenitis complicated by sinus formation, followed by antituberculous chemotherapy.

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