ORAL TUBERCULOSIS: DIFFERENTIAL DIAGNOSIS OF MUCOSAL CHRONIC ULCERS

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ABSTRACT

Tuberculosis is a chronic granulomatous infectious disease whose etiological agent is Mycobacterium tuberculosis. Oral tuberculosis accounts for about 5% of infections by Mycobacterium tuberculosis. Presently, the extrapulmonary sites of the infection are re-emerging as a result of AIDS pandemic, immunosuppressive therapies and the development of multidrug resistant species.

We report the case of a 59 years-old renal transplant patient who presented for four months an ulcer on the tongue associated with weight loss, malaise and fever. The histopathological examination of the ulcer demonstrated epithelioid cell granulomas with central necrosis. In a fragment culture, it was isolated M. tuberculosis. Chest radiography showed micronodular infiltrate in the right hemithorax and the sputum was positive for the bacillus. The final diagnosis was oral tuberculosis secondary to a pulmonary foci.

It is essential that otolaryngologists, dermatologists and general physicians are familiar to this entity, as early diagnosis is critical in reducing mortality and infectiousness of this re-emerging disease. Additionally, it is an important differential diagnosis of chronic ulcerative diseases of the oral mucosa.

INTRODUCTION

Tuberculosis (TB) is responsible for two million people death per year and it is estimated that by 2020 nearly one billion people will be infected with the bacillus. Oral TB accounts for about 5% of infections by Mycobacterium tuberculosis. Cases of extrapulmonary infection are re-emerging as a result of immunosuppressive therapies and AIDS.

CASE REPORT

59 years-old man, at immunosuppression therapy after renal transplant, referred painful ulcer on the tongue, weight loss and fever for four months. He had an ulcerated lesion of 4 cm on the right side of the tongue, with jagged edges and bleeding points. Histopathologic exam showed confluent granulomas of epithelioid cells, often with central caseous necrosis. Grocott and Ziehl-Neelsen preparations were negative for infectious agents. Culture exam isolated M. tuberculosis. Chest radiography showed micronodular infiltrate at the right hemithorax and sputum was positive for bacillus. It was prescribed multidrug therapy for tuberculosis, with improvement of lesion aspect and weight gain.

DISCUSSION

TB is one of the most lethal infectious diseases. Cutaneous involvement is an uncommon extrapulmonary form, with ratios of 2-10%. In primary oral TB, the lesion is the initial site of infection. In the secondary form, which is the most common type, skin TB develops from visceral focus by self-inoculation. Secondary involvement of the oral cavity is seen in 0.05-1.5% of pulmonary tuberculosis.

Oral lesions present usually as necrotic ulcers with jagged edges and base. In this case, the patient had the injury for four months without etiological diagnosis and cancer was the main suspicion.

HIV serology, chest X-ray and Mantoux test are mandatory exams for suspected tuberculosis. There are rates of 2-17% sensitivity in culture and 89-100% in PCR. Investigation of chronic oral lesions should include histopathological examination. Presence of caseating granulomas is suggestive, but not diagnostic of tuberculosis. It should be also discarded Wegener's granulomatosis, sarcoidosis, Crohn's disease, paracoccidioidomycosis and, especially, oral cancer.

Treatment should be done with rifampin, isoniazid, pyrazinamide and ethambutol. These drugs are considered safe, with adverse effects such as nausea, hepatotoxicity and neurotoxicity.

FINAL COMMENTS

There should be an attention to this infection, especially since it is a re-emerging disease. TB should be a differential diagnosis of oral chronic lesions. Early diagnosis and treatment are imperative to control this lethal and highly contagious disease.