ABSTRACT

The presentation of laryngeal tuberculosis is relatively uncommon. This pattern of involvement can mimic malignant laryngeal lesions, so that the final diagnosis requires more invasive procedures such as biopsy. Objective: To report a case of laryngeal tuberculosis in an immunocompetent patient. Case report: The male patient, 50 years, presented with complaints of dysphonia for about three months, without improvement or worsening, with no other systemic signs or symptoms. ENT examination revealed no striking changes. The patient underwent tests such as chest X-ray and thyroid scintigraphy. The results were negative. Laryngoscopy revealed a tumor in the right vocal cord, whose incisional biopsy showed AFB. RIP treated the patient with a regimen for nine months. Patients showed improvement of symptoms. Conclusion: The importance of the high degree of suspicion for tuberculosis in clinical pictures suggestive of laryngeal involvement. Thus, the correct diagnosis and treatment are important to avoid future complications.

INTRODUCTION

Tuberculosis is a contagious, fatal infection primarily potentially caused by the airborne bacterium Mycobacterium tuberculosis. Factors that contribute to the spread of TB, particularly in developing nations, include: overcrowding and unsanitary living conditions in urban areas, homeless shelters and prisons, the emergence of multi-drug resistant disease strains, and the spread of HIV and AIDS, which weaken the human immune system and make infection possible. A very common form of extra-pulmonary tuberculosis is the involvement of cervical lymph node chains. However, the disease can occur at several other sites in the head and neck such as the middle ear, nasal cavity, nasopharynx, oropharynx, parotid, esophagus, palate and larynx. Among the granulomatous diseases of the larynx, tuberculosis is the most prevalent one.

It is important to distinguish the diagnosis of laryngeal carcinoma, the clinical examination by different characteristics and risk factors common to both, such as alcohol and smoking. The response to treatment is prompt and satisfactory. The lesions tend to disappear within a mean period of two months.

DISCUSSION

For over 20 years, tuberculosis was declared as a global emergency. In the last decade, some 31 million deaths were caused by the disease or its complications. Thus were created the Millennium Development Goals aimed at reducing the incidence and mortality by 50% by 2015. Although Brazil is still one of the 22 countries holding 90% of all tuberculosis cases worldwide, in our country there was a decrease in the incidence of 26% and 32% in mortality. This decrease became notable after the implementation of the DOTS strategy (Directly Observed Treatment Short Course).

The laryngeal tuberculosis is seen in 15-37% of cases of pulmonary tuberculosis. The laryngeal involvement without pulmonary lesions is rare, because of the complex pathophysiology described.

In the literature, laryngeal involvement is related to the following symptoms: progressive dysphonia take up to 85% of cases. 45-90% of sore throat, nonproductive cough and pharyngeal globus. Stridor and obstruction in severe cases. The sore throat has an important relationship with the degree of laryngeal involvement and provides an important differential diagnosis, which is the laryngeal carcinoma, which rarely presents with pain.

Involvement in laryngeal lesions showed the following decreasing order: the vocal folds, ventricular folds, epiglottis, subglottis and posterior commissure.

The appearance varies from simple shapes with edema and hyperemia ways to ulcerated or infiltrative-ulcer with epithelial necrosis, ill-defined borders and areas of caseation.

REFERENCES