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# Primary laryngeal tuberculosis
## (A case report)

*by*

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Laryngeal tuberculosis as a complication of pulmonary tuberculosis is not uncommon in the developing countries where pulmonary tuberculosis continues to be a major health problem (Manii, 1983). However, primary laryngeal tuberculosis is very rare and the only two case reports we have come across of laryngeal tuberculosis in the absence of pulmonary tuberculosis are from Sinha and Dewain (1978) and from Vyravenathan (1983). The latter, in his report of 18 cases of laryngeal tuberculosis, could not find any evidence of pulmonary tuberculosis in one case and assumed that the possible route of infection could be haematogenous, from an unidentified focus.

The patient we report does not only appear to be a case of primary laryngeal tuberculosis but also had the clinical appearance of carcinoma of the larynx; the diagnosis of tuberculosis could only be made on histopathological examination.

### Case report

An 18-year-old, newly married, pregnant woman presented to our outpatient department with a history of dry cough and dysphonia of 8 months' duration. On physical examination she was 7 months pregnant, looked healthy and did not have palpable cervical nodes or any signs in the chest. The throat and ears were normal.

Indirect laryngoscopy revealed a large mass extending from the anterior third of the left vocal cord to the anterior commissure. The vocal cords were mobile.

She was admitted for further investigation and laryngoscopy under general anaesthesia. She had a Hb of 12 Gm%, a white cell count of 7,500/cumm., with 45 per cent lymphocytes and 40 per cent polymorphs, and an E.S.R. of 60 mm. in the first hour. An X-ray of the chest did not show any tuberculous lesion, old or new.

Direct laryngoscopy under anaesthesia confirmed the findings of indirect laryngoscopy. The mass was removed and sent for histopathological examination. Our provisional diagnosis of carcinoma was disproved by the histopathological report of 'Chronic Granulomatous Inflammation Compatable with Tuberculosis'. She was started on Rimactin 450 mg., INH 300 mg. and Myambutol 900 mg. daily in consultation with an obstetrician.

She has remained free of the disease over a period of 6 months and is the happy mother of a baby.

### Comments

The well-recognized mode of infection of the larynx by tubercle bacilli is through direct implantation of expectorated material from cavities in the lungs (Hudson, 1957). Haematogenous spread is very rare and primary laryngeal tuberculosis is even rarer. In the absence of any history or evidence of pulmonary tuberculosis, we feel that this could be a case either of primary laryngeal tuberculosis or of haematogenous spread from an unidentified source, other than pulmonary or mediastinal, in the body.

From Pakistan laryngeal tuberculosis has not been reported except for a case report of tuberculous granuloma of the epiglottis (Khan, 1983). This case was also provisionally diagnosed as carcinoma owing to the gross tumour-like appearance of the lesion. Other authors also have stressed the possibility of laryngeal tuberculosis mimicking carcinoma (Bull, 1966; Hunter *et al.*, 1981). Improved immunity, previous chemotherapy or altered resistance may be responsible for tumour formation in tuberculosis. Our case illustrates the importance of looking for tuberculosis in patients with hoarseness in the developing countries.



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