Primary lingual tuberculoma

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TUBERCULOMA of the tongue is very rare. Morgagni (1761) described first case of lingual tuberculosis, since then 500 cases have been reported up to 1949 by Schneider. Tuberculoma of the tongue has been reported to occur mostly in association with tuberculosis elsewhere in the body especially the lungs and this type is called secondary tuberculosis of the tongue. Beales (1953) and Jenney *et al.* (1954), each have reported one case of tuberculoma of tongue occurring in association with pulmonary tuberculosis. The involvement of the tongue with tuberculosis without any other evidence of tuberculosis in the body is very rare and this type is called primary tuberculoma of the tongue. Gupta *et al.* (1965) have reported a case of primary tuberculoma of the tongue.

Case report

L.B., 36 male presented in 1962 with progressively increasing painless swelling in the centre of the tongue for the last four months. He denied any history of cough, expectoration and fever or any other member of the family having suffered from tuberculosis.

On examination: Fairly well nourished individual with no significant lymph-adenopathy. Locally about the junction of anterior two-thirds and posterior one-third of the tongue in the midline there was round swelling of two centimeters in diameter (Fig. 1). The swelling was pink and fleshy in colour and firm to feel. Movements of the tongue were not impaired.

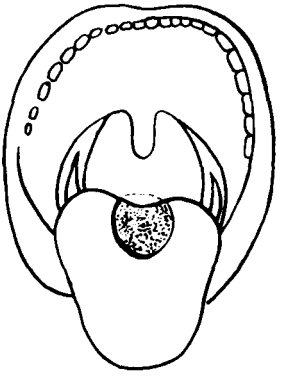


FIG. 1.

Semi-diagrammatic showing tuberculoma of the tongue at the junction of anterior two-thirds and posterior one-third.

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Investigations: Hb 13·5 gm. per cent.
T.L.C. 5200/c.mm.
D.L.C. polys 64, Lymphos 33, Eosinophils 2 and Monocyte 1.

E.S.R. 45 mm. first hour Wester gren, serum test for syphilis was negative, sputum for acid fast bacilli negative. X-ray chest normal. Biopsy, tuberculoma tongue (Fig. 2).

Patient was put on streptomycin injections and isoniazid. Initially the swelling melted away fast and completely disappeared in about month and a half. The anti-tubercular treatment was continued for four months. Patient was followed up for six years without recurrence of swelling or any other symptom suggestive of tuberculosis.

Discussion

Tubercular involvement of the tongue is rarely seen. Tuberculosis may involve any surface of the tongue, edge or tip being the commonest sites. It may manifest as ulcer, fissure, tuberculoma or diffuse glossitis. The lesions develop slowly and are painless at first, but with the development of ulceration, pain predominates. The infection can occur either by direct extension of tubercle bacilli in the sputum or infection may reach by blood or lymph stream. Katz (1941) believed that in 88 percentage of cases infection was directly from sputum. Sputogenic infection occurs in cases of pulmonary tuberculosis. Pulmonary tuberculosis is so common while involvement of the tongue with tubercle bacilli is a rare event, in spite of the fact that sputum infected with tubercle bacilli remains in direct contact with the tongue. Many factors have been attributed from time to time for the local resistance of the tongue to tubercle bacilli viz. local PH of the oral cavity, thickness of the mucosa of the tongue, resistance of striated muscle in tongue to tubercle bacilli, regular cleaning of

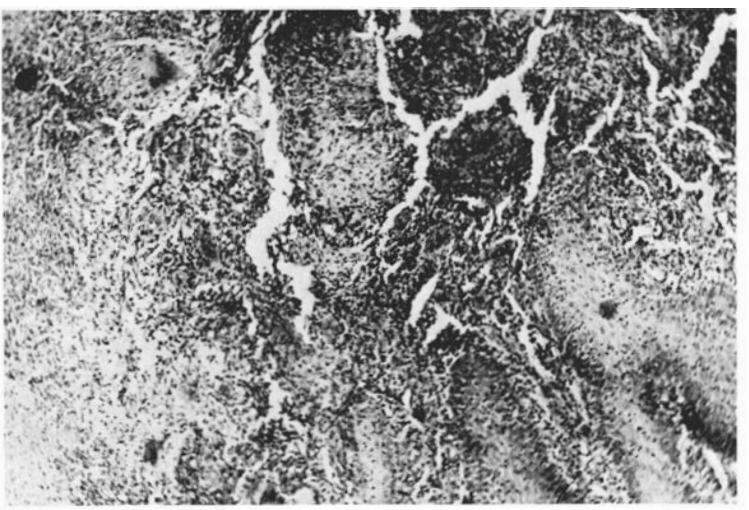


FIG. 2.
Section of the tongue showing acanthotic squamous epithelium and typical tubercles in the subepithelial tissue H. & E. × 100.

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the tongue by saliva and relative paucity of lymphoid tissue in anterior part of the tongue for which tubercle bacilli have more affinity.

In the present case, in view of raised E.S.R. the tuberculoma of tongue was suspected clinically and was confirmed on histopathological examination. Failure to demonstrate A.F.B. in the sputum and clear chest X-ray, rules out sputogenic infection. This case is primary tuberculoma of the tongue as there was no other evidence of tuberculosis anywhere else in the body.

Summary

The involvement of the tongue with tuberculosis is a rare feature. A case of primary lingual tuberculoma is reported. Patient responded well with anti-tubercular therapy.

Acknowledgements

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