



INFECTIOUS DISEASES (BACTERIAL, FUNGAL, VIRAL, PARASITIC, INFESTATIONS)

ORAL MUCOSAL ULCERATION IN A PATIENT WITH PREVIOUSLY UNDIAGNOSED PULMONARY TUBERCULOSIS

E Özkur⁽¹⁾ - I Altunay⁽¹⁾ - Y Erdem⁽¹⁾

Health Science University Sisli Etfal Training And Research Hospital, Dermatology, Istanbul, Turkey⁽¹⁾

Background: Tuberculosis (TB) involvement of oral mucosa is very rare. Studies vary, but the incidence has usually been reported as less than one per cent of patients infected with TB. Oral TB is mostly a secondary manifestation of pulmonary TB through contaminated sputum or hematogenous spread. Oral TB lesions are seen mostly as chronic painless ulcers on the tongue, lips, buccal mucosa, palate, gingiva and lingual frenulum.

Observation: Our present case describes a 45-year-old male patient who was referred to our clinic with painless oral mucosa ulcerations. Dermatological examination revealed multiple ulcers with varying sizes on bilateral buccal mucosa and hard palate. Additionally, non tender bilateral cervical lymph nodes were palpated. He had a history of weight loss, cough with yellowish sputum for seven to eight months. He had no previous history of any medical illness and his routine laboratory investigations and ELISA screening were unremarkable. The histopathological analysis of the right buccal mucosa biopsy sample revealed a chronic granulomatous inflammation consisting of epithelioid cells, Langhans' giant cells, lymphocytes, plasma cells, macrophages with areas of necrosis. His chest X-ray showed bilateral inhomogeneous infiltrates in upper zones and computed tomograph showed evidence of cavitation. Positive direct sputum smear, culture and PCR confirmed the diagnosis of active primary lung TB. He was treated with four standard antituberculosis agents as following isoniazid (1x 400 mg), rifampicin (2x 300 mg), ethambutol (3x 400 mg) and pyrazinamide (3x 500 mg) and his ulcerated lesion of the tongue improved along with pulmonary status.

Key message: Although oral manifestations of TB are rare, clinicians should be aware of their possible occurrence. Considering the possibility of tuberculosis as part of differential diagnosis for chronic oral lesions may lead to earlier diagnosis and treatment, thus preventing further dissemination of disease.

