ISSN 2278-7763

NON HEALING ULCERS OF TONGUE : AN UNUSUAL PATHOLOGY

Dr.Shivanand M Gundalli[1], Dr Rutuja kolekar[2],Dr Prabhu H Mural[3],Dr Amit kolekar[4].

Assistant professor Department of pathology SNMC Bagalkot[1] ,Senior resident Department of obstetrics and gynaecology SNMC Bagalkot[2] , Associate professor Department of pathology SNMC Bagalkot[3], Associate professor Department of surgery MGIM wardha.[4]

Abstract : In patients presented with non healing ulcers over tongue, there are diagnostic difficulties due to clinical presentation. More often diagnosis is made after histopathological examination. Here we report 1 case of lingual non healing ulcer in a 30 year old female which was clinically diagnosed as malignancy. After histopathological examination the diagnosis of lingual tuberculosis was confirmed .

KEY WORDS : Tongue, Non healing ulcer , Tuberculosis.

Introduction: Differential diagnosis of oral ulcers include traumatic ulcer, apthous ulcer, actinomycosis, syphilitic ulcers, tuberculous ulcers, wegeners granuloma and carcinoma(1). Primary or secondary tuberculosis is very rare however diagnosis should be kept in mind (2).Most of the cases in literature are in association with pulmonary tuberculosis or primary focus elsewhere. floor of mouth, soft palate ,gingival, lips ,and hard palate can be involved .However tongue and palate are the most common sites of involvement.

CASE HISTORY: A 30 year old female presented with non healing ulcers over anterior 2/3rd of dorsum of tongue and lateral aspect of right side of tongue. The ulcer is having everted edges and haemorrhagic base. With this clinical history and gross features the diagnosis of malignancy was made by clinician and deep punch biopsy was sent for histopathological examination .After taking serial sections it revealed well formed granulomas consisting of caseous necrotic material, epitheloid cells, Langhan's type of giant cells and lymphocytes.AFB staining was done to confirm the bacilli which showed few acid fast bacilli. With this study we report 1 case of tuberculosis of tongue. The patient was examined for focus of tuberculosis elsewhere. In the present case there was no focus of tuberculosis in the vicinity of tongue like cervical lymphadenopathy and pulmonary tuberculosis . Sputum for AFB was negative. Ultrasonography of abdomen and Chest x-ray revealed no specific lesion . So the case was diagnosed as primary tuberculosis of tongue.

DISCUSSION : In India tuberculosis is major health hazard with mortality rate of 30deaths /1 lakh populatoin per year, even after National Tuberculosis Control Programme (NTCP) has brought down the prevalence rate significantly(4). Oral Tuberculosis is common in 20-40 years age group with M:F Ratio 4:1 and in poor socioeconomic class . Common presenting signs and symptoms of tuberculosis are pain on deglutition followed by burning sensation, and otalgia .Different gross presentation are seen like painful ulcers tuberculosis fissures and tuberculous cold abscess. It has been suggested that the tongue involvement occurs primarily due to contact with infected sputum or by blood spread or by direct contamination from neighbouring tuberculous focus in the oral cavity . In primary tuberculosis organisms are directly inoculated in mucus membrane . A breach in mucosa due to any reason is one of important predisposing factor[5].

The ulcers in tuberculosis is usually formed by breakdown of tubercles .Classically tuberculous ulcers of tongue occur on the tip ,lateral borders , dorsum , and base .they are irregular with undermined margins the base showing thin slough [6].

ISSN 2278-7763

In our case ulcer was on dorsum and lateral aspect having typical undermined edges and diagnosis is made by identification of Caseating granulomas on biopsy . Identification of bacilli by ZN Stain was confirmatory and few bacilli were seen by this stain . In this case we could not detect any primary focus elsewhere and it was primary tuberculosis of tongue .Deeper biopsy is always advocated for ulcers of tongue since superficial biopsy may not reveal the etiology due to epithelial hyperplasia[7].

As there are many differential diagnosis for nonhealing ulcers of tongue including infective conditions like actinomycosis, syphilitic ulcers, tuberculosis ulcers, Wegeners granuloma and malignant ulcers . We need to be aware of this condition with early diagnosis and treatment for the patients is beneficial . Most often complete remission takes place with adequate treatment . Surgery is not required in these cases and prognosis is favourable.

REFERENCES:

1)Gupta A, Shinde KJ, Bhardwaj I. Primary lingual tuberculosis: a case report. J Laryn Otol 1998; 112: 86-7.

2) Dye C, Scheele S, Dolin P et al. Global burden of tuberculosis: estimated incidence, prevalence, and mortality by country. JAMA 1999; 282: 677-6.

3) The world health report 2006. http://www.who.int/GlobalAtlas/predefinedReports/TB/index.asp?strSelectedCountry=ind.

4) Yutaka Hashimoto, and Hiroakitanioka, Primary tuberculosis of the tongue : Report of a case : Journal of Oral Maxillofacial Surgery 1989;47:744.

5) Ghose SM. Ulcers of tongue. J Indian Med Assoc 1966;41:377.

6) CD Lathouwer c, C Caudhre and h braabant. A Rare and complex case of multifocal mucocutaneous lupus tuberculosis with isolated lesion of tuberculosis of tongue oral surgery 1975 ;39:211.

7)A.P. Bhatt, H.M. Dholakia . Tuberculosis of oral Mucosa .Journal of Indian Dental Association 1974;46: 161.

