

# Laryngeal Tuberculosis Not Uncommon in the Present Era

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## Abstract

**Background:** Laryngeal tuberculosis is one form of extrapulmonary tuberculosis which is rare having an incidence less than one percent. However in the present era where the disease is rampant in our developing country, we are still witnessing this rare form of tuberculosis which still poses a clinical and diagnostic challenge and highly mistaken for other diseases. High index of suspicion is important especially in our country where there is high incidence of tuberculosis, with extra pulmonary TB showing atypical presentation.

**Methodology and Results:** This is a retrospective case series of patients with laryngeal tuberculosis who presented to us with a change in voice as the main symptom. Upper GI scopy/Bronchoscopy are carried out in these groups of patients due to high index of suspicion of malignancy contributed by the local habitual food habits (smoking, tobacco consumption, smoked foods items). We found 6 patients with laryngeal ulcers and growth where the histopathological biopsy and ABF staining was suggestive of laryngeal tuberculosis. All patients were started on antitubercular medicine, under the Revised National Training Control Programme (DOTS and DOTSPPLUS as per the category).

**Conclusion:** In the present era, laryngeal tuberculosis should be one of the differential diagnoses in any patient presenting with symptoms affecting the voice box. Multidrug resistant tuberculosis with laryngeal involvement should also be looked into in those patients treated for pulmonary tuberculosis. Histopathological and bacteriological demonstration of the bacilli is the backbone in diagnosing laryngeal tuberculosis.

**Keywords:** Tubercular laryngitis, laryngeal tuberculosis, Hoarseness, Pulmonary tuberculosis, Acid fast bacilli

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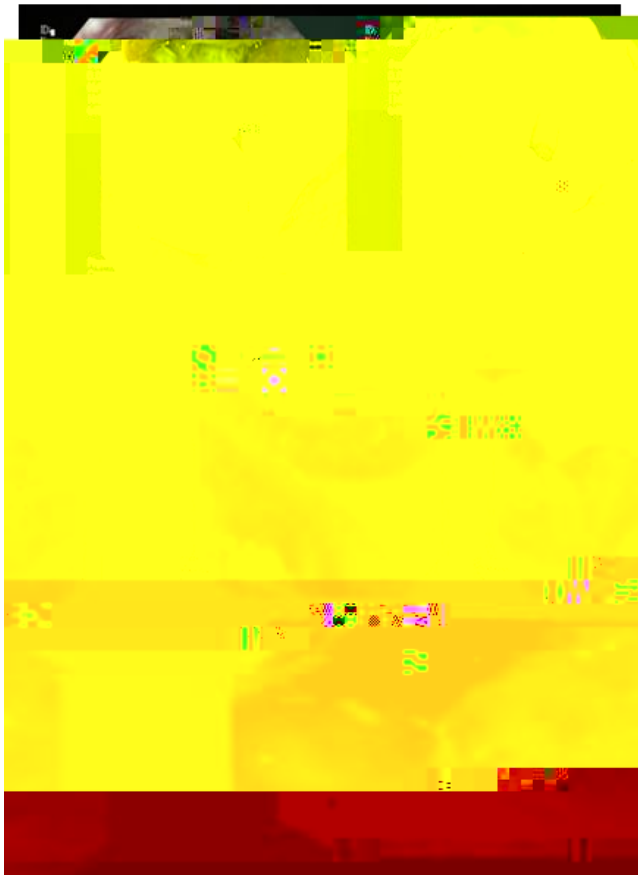
Female

Hoarseness of voice - 2 months

No ths



secondary tubercular laryngitis (which results from seeding of tubercle bacilli from the lungs) of 15-37% [4]. In our cases series, females were more commonly compared to male, seen more between 20-30 years of age, and all patients were immunocompetent with hoarseness of voice being the predominant symptoms and not odynophagia as seen in the past [1]. Four patients had pulmonary involvement, 3 patients were sputum positive, two found to be MDR tuberculosis and two patient showed positivity for acid fast bacilli from the laryngeal biopsy. What is also observed in our group of patients is that two patients already on treatment for pulmonary tuberculosis had laryngeal lesion with MDR bacilli positive from the BAL taken. an alarming picture suggesting that MDR tuberculosis should be suspected even in patients with laryngeal lesion and all patients with forms of tuberculosis



**Figure 1:** Histopathological reports showing multiple caseating epitheloid granulomas with multiple langhan giant cells.