LARYNGEAL TUBERCULOSIS MASQUERADING AS SQUAMOUS PAPILLOMA
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INTRODUCTION

Laryngeal tuberculosis is an uncommon disease that occurs in less than 1% of tuberculosis cases. [1] For this reason, physicians usually do not include tuberculosis in the differential diagnosis of patients with laryngeal disease. However, since the incidence of tuberculosis is rising worldwide, it is important to consider this infectious disease when assessing patients with suspicious findings on history, along with documented laryngeal pathology. We report a case of an immunocompetent young female with laryngeal tuberculosis that masqueraded as squamous papillomatosis on both laryngoscopic and histologic examination.

CASE REPORT

A 38-year-old female presented at the UCLA Voice Center with a chief complaint of increasing throat pain and dysphagia. The patient reported that her symptoms had been present for several years. Prior to visiting our clinic, she was assessed by an otolaryngologist who found a possible papillomatous lesion on her left vocal fold. At that time, the patient was prescribed oral steroids, which failed to improve her symptoms. When she presented at the UCLA Voice Center, the patient reported a 4.5-year history of increasing odynophagia, which was associated with a chronic urge to clear her throat constantly. She also had a 35-pound weight loss in the past 10 weeks. In addition, she complained of a chronic non-productive cough and episodic emesis. However, the patient denied any symptoms of fever, chills or shortness of breath. Her past medical history was significant for gastroesophageal reflux disease and an MRSA infection. In addition, the patient had recently undergone a C-section with triplets, approximately 10 weeks prior to her visit. The patient’s medications included Acyclovir, Prilosec, Mylanta, and Midol. She denied any tobacco or alcohol use.

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Thaller, S.R., et. al. (1987)
Mucosal Hyperemia and Thickening / Ulcerations / Granular Nodular lesions
1. True Vocal Folds
2. Epiglottis
3. False Vocal Folds
4. Arytenoid

Ramada H.H., et. al. (1993)
Mucosal edema / Ulceration /Granulomatous lesions / Exophytic fungating lesions
1. True Vocal Folds
2. Epiglottis
3. Supraglottis / False Vocal Folds
4. Arytenoid

Nishikoe S., et. al. (2002)
Ulcerations / Granulomatous lesion
1. Epiglottis
2. True Vocal Folds
3. False Vocal Folds
4. Arytenoid

Lim J., et. al. (2006)
Granulomatous lesions / Ulcerations / Polypoid lesions
1. True Vocal Folds
2. False Vocal Folds
3. Epiglottis
4. Arytenoid
5. Posterior Commisur

Table I. Review of Laryngoscopic findings in patients with Laryngeal TB

<table>
<thead>
<tr>
<th>Literature Source</th>
<th>Gross Appearance (in order of frequency)</th>
<th>Site Predilection of Lesions (in order of frequency)</th>
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</table>

DISCUSSION

Tuberculosis is caused by Mycobacterium tuberculosis. This infectious disease continues to be a health care challenge in developing countries. The incidence of tuberculosis has risen worldwide since 1990. [2] In fact, in 1993, the World Health Organization (WHO) declared tuberculosis a global emergency. Although the pulmonary system is most commonly affected, extrapulmonary involvement to sites such as the larynx have been described. [2]

There are two theories on the etiology of laryngeal tuberculosis: the bronchogenic theory and the hematogeneous theory. The bronchogenic theory states that the larynx is infected via hematogeneous spread from non-pulmonary pulmonary disease with a productive cough and significant constitutional symptoms, which included weight loss, malaise, and night sweats. The true vocal folds were commonly involved in the majority of reports. [1] Distinctively, patients may present with true vocal fold edema, which may be associated with an edematous epiglottis (turban shaped). [3]

The patient in our case report presented with a lesion that resembled a supraglottic papilloma. Interestingly, an excisional biopsy of the lesion confirmed the diagnosis of squamous papilloma. In addition, the lesion demonstrated occasional, scattered acid-fast bacilli on AFB stain and negative HPV immunohistochemistry. This case report illustrates the first known instance of laryngeal tuberculosis masquerading as squamous papilloma based on both laryngoscopic findings and histological studies. For this reason, biopsy and detailed histological studies of any papillomatous-type lesion is recommended in the appropriate clinical situation. A final diagnosis must be determined prior to consideration of definitive surgical excision.

REFERENCES