Scrofula Presenting as an Isolated Neck Mass
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CONCLUSIONS
When evaluating new neck masses, a workup for malignancy is indicated. However, other diagnoses must be considered in the otherwise asymptomatic patient. As scrofula is more common in immunocompromised patients, a subsequent workup for immune deficiency should be initiated once the diagnosis is made. The mainstay of treatment is antibiotic therapy.

DISCUSSION
Cervical tuberculous lymphadenitis, or scrofula, is the most common form of extrapulmonary tuberculosis. While viewed as a pediatric disease in endemic areas, cervical node infections comprise approximately 25% of all new extrapulmonary tuberculosis cases in the United States. While number of new diagnoses are decreasing overall, the percentage of all tuberculosis presented as ... in the past few decades. As expected, incidence is greater in immunocompromised populations and developing countries.

The majority of patients present with painless, matted lymphadenopathy. The most common reported associated symptoms are malaise, fever, and weight loss, found in approximately 12-15%. Accompanying constitutional symptoms have been documented to be more common in HIV positive populations, as the bacterial load is expected to be higher. The posterior cervical nodes are more commonly involved than anterior triangle nodes, which is believed to be related to lymphatic flow from lung parenchma to this region.

Fine needle aspiration is diagnostic in most cases. Culture is more likely to be positive than finding acid-fast bacilli on the smear, but sensitivity . FNA is considered the best first step, both from a diagnostic and cost-effective perspective. PPD testing is nearly uniformly positive and can assist with the diagnosis.

TREATMENT
The local health department should be notified and treatment should begin with their involvement. Extrapulmonary forms of tuberculosis, such as lymphadenitis, are more likely to involve multi-drug resistant organisms than pulmonary infections, therefore multiple drug therapy is a mainstay.

Many studies have been performed regarding the length of time needed to treat. Duration of therapy has been accepted as 6 months. Most treatment plans involve 2 months of rifampin, isoniazid, ethambutol, and pyrazinamide and subsequently isoniazid and rifampin for 4 months. This has been shown to be as effective as 9 months of antibiotic therapy. Relapse rates are approximately 3%.

Surgical drainage is more common in patients with delayed diagnosis leading to draining sinus formation. Within the United States, the main surgical indication in tuberculous lymphadenitis is for excisional biopsy when the diagnosis is unclear. This is more common in early presentation in immunocompetent patients who have lower bacterial load.

CASE PRESENTATION
A 77 year old man presented to the emergency room with an isolated neck mass in the posterior triangle of the neck. Computed tomography of the neck revealed an enhancing, partially necrotic lesion in the lower right neck. CT imaging of the neck and chest was suggestive of a malignant disease in the lymph nodes of the right neck. There was a question of post-inflammatory changes to the hilar and mediastinal nodes. He was sent to Otolaryngology clinic with the diagnosis of lymphadenopathy with suspicion of unknown primary malignancy. He denied all risk factors for tuberculosis. No abnormalities were found on flexible laryngoscopy, and the physical exam was otherwise unremarkable. He was taken to the operating room for direct laryngoscopy, which was negative, and fine needle aspiration. Pathology was later positive for necrotizing granulomatous inflammation and acid-fast bacilli. PPD testing was positive, and further testing for immunocompromise was negative.

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