

Letter to the Editorts

Extrapulmonary Tuberculosis Masquerading Neoplasm: A Series of Seven Cases Diagnosed by FNAC

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Dear Editor-in-Chief

More than 30% of the global population is affected by tuberculosis (TB) and most of them live in the Southeast Asia and Sub-Saharan Africa (1). Tuberculosis, particularly in the extra pulmonary form is notorious for mimicking neoplastic lesions, very frequently, malignant tumors.

This study depicts seven cases of extra pulmonary lesions mimicking malignancy, diagnosed by FNAC. One of them was a USG guided FNAC of mesenteric lymph node. Other lesions presented as soft tissue swelling around wrist joint, painful gluteal mass, non-healing ulcer over chest wall, painless swelling over back and a painful swelling on the right lateral aspect of tongue respectively. The smears were stained by MGG, H&E and ZN stains.

A very brief account of the cases is depicted below by means of Table 1.

Amongst a large number of examples, the following two examples were much intriguing to the authors.

Abdominopelvic tuberculosis is a frequent mimic of malignancy presenting as abdominopelvic lump, ascites with or without raised CA125 level (2, 3).

Tubercular psoas abscess may also evoke clinical suspicion of soft tissue malignancy (4).

These seven cases are merely a few examples of the myriad ways in which tuberculosis can be the source of clinical dilemma and frequent misdiagnosis. FNAC can be a very useful tool for diagnosis of such conditions, at least in a considerable proportion of them.

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Table 1- A brief account of cases

Case no.	Age	Sex	Site	Clinical findings	Clinical suspicion	FNAC* findings (Aspirate; Microscopy; ZN** stain)	Diagnosis
1	61	M	Left wrist joint	Painless soft tissue swelling around; no complain of cough or fever; X-ray: soft tissue swelling.	Bone tumor/ soft tissue neoplasm	Blood mixed aspirate; Epithelioid cell granuloma, Langhans giant cell and caseous necrosis; AFB*** +ve	Tubercular lesion
2	26	M	Gluteal region	Painful large lump with surface ulcerations for 6 months	Soft tissue malignancy	Blood mixed aspirate; Tubercular granuloma seen on microscopy; AFB +ve	Tubercular lesion
3	59	M	Chest wall	Non-healing ulcer for 8 months	Squamous cell carcinoma	Blood mixed aspirate; Tubercular granuloma seen on microscopy; AFB +ve	Tubercular lesion
4	65	M	Right lateral margin of tongue	Painful reddish lesion at the right lateral margin of tongue for 1 month. Inflamed induration present	Neoplastic lesion	Blood mixed aspirate; Tubercular granuloma seen on microscopy; AFB +ve	Tubercular lesion
5	35	M	Preaortic, paraaortic and mesenteric lymphadenopathy	Pain abdomen, fever, hepatosplenomegaly	Metastatic malignancy/ Lymphoma	USG guided FNAC-purulent aspirate; Pus cells, small lymphocytes and histiocytes in a caseous necrotic background; AFB – plenty	Tubercular lesion
6	55	M	Left cheek	Slowly growing painless left cheek swelling for about 3 months	Oral cancer	Purulent aspirate; pus cells, small lymphocytes and caseous necrosis; AFB + ve	Tubercular abscess
7	30	F	Left foot	Non-healing ulcer for 4 months	Squamous cell carcinoma	Blood mixed aspirate; Tubercular granuloma; AFB +ve	Tubercular lesion

*:fine Needle Aspiration cytology

**: Ziehl - Neelsen

***: Acid Fast Bacilli

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