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Case Report

Lymph Node Tuberculosis in Healed Leper: Case Report

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Abstract

Scientifically named as *Mycobacterium leprae* and *Mycobacterium tuberculosis* are the species responsible for leprosy and tuberculosis respectively. Helped by the establishment of a histopathology data pool, both can be delineated in a population. Accordingly, this paper deals with a past sufferer of the one disease who developed the other one among the Ibo ethnic group in Nigeria. Therefore, this case is of epidemiological interest worldwide.

Keywords: *Mycobacterium leprae; Mycobacterium tuberculosis; Leprosy; Tuberculosis; Histopathology; Data Pool; Diagnosis; Research; Ibos; Nigeria*

Introduction

Bearing scientifically similar names of *Mycobacterium leprae* and *Mycobacterium tuberculosis* are sister diseases called leprosy and tuberculosis [1]. In the field of epidemiology, their respective diseases can be studied when a Reference Laboratory is established as in the one serving the Ibo ethnic group [2], which is domiciled in South Eastern Nigeria. Moreover, as the leading author (WO) has been the pioneer pathologist, this has facilitated the diagnosis of biopsies sent by far away doctors such as the co-author (VN), whose patient is documented here.

Case Report

NE, a 30-year-old man, attended the Presbyterian Joint Hospital, Uburu, Nigeria, where Dr Van Loon saw him. There was swelling of the right supraclavicular lymph nodes lasting for a few months. As Koch's infection was suspected, biopsy was undertaken. Incidentally, he gave a history of having been a discharged leprosy patient. Dr Ezidiegwu examined the biopsy specimen, noting three firm partly friable fragments up to 1.5 cm across. On microscopy by the senior author (WO), poorly preserved lymphoid tissue exhibited large coalesced, caseous granulomas in which scanty Langhans giant cells were present with a peripheral ring of epithelioid cells. Tuberculous lymphadenitis was diagnosed.

Discussion

A point of interest was the distant town, Uburu, from which the biopsy materials arrived. Moreover, the Reference Pathology Laboratory was effective in keeping with Birmingham (UK) workers' affirmation that the establishment of a histopathology data pool facilitates epidemiological analysis [3]. In another direction, there was a debate in the UK in respect of whether a central laboratory will ever benefit distant doctors [4]. Of course, this was challenged in our area [5,6].

Interestingly, the data sent with the specimen included the patient having been cured of leprosy. This brings up whether tuberculosis and leprosy may coexist. From Madagascar [7], it was a single case of leprosy and pulmonary tuberculosis in a 69-year-old man that confirmed it. Also, this was true of a 38-year-old Indian man [8].

Conclusion

Our case appears to be unique in considering lymph node tuberculosis whereas the pulmonary form tends to be exemplified from such different countries as Brazil [9] and India [10]. However, extrapulmonary lesions were considered broadly in a joint work done in The Netherlands and USA [11]. Also, skeletal perspectives were noted in USA [12].

Accordingly, it is concluded that the lymph node system should be taken into greater account in the researches carried out in this field together with the global scenario in treatment [13]. Indeed, as a combined team from Spain, Argentina and Brazil emphasized, "This wealth of comparative genome sequence information provides unique opportunities for new insights into the biology of these globally important pathogens to address the scientific imperatives of better drugs, vaccines, and diagnostics for mycobacterial diseases".

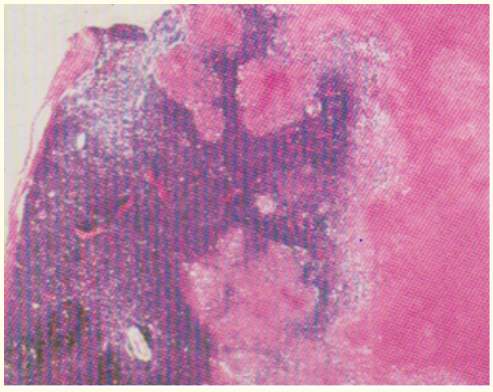

Figure 1: *Typical histological appearances in lymph node tuberculosis; caseation is noteworthy.*

Incidentally, a previous account of lymph node tuberculosis appeared from this center in 1975 [14]. The appearances were as depicted in the figure. A comparable account came from India [15]. What was striking in both series was the dependence on the typical appearances without identification of the tubercle through special staining.

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