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Tuberculous supra-clavicular lymphadenitis: a case report.

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Tuberculosis (TB) is a bacterial disease cause by, in a high percentage, Mycobacterium tuberculosis. Its prevalence in developing countries is elevated and recently due to migration movements to European countries TB is increasing in these areas with an incidence of 10 cases/100.000 habitantes. The most common manifestations of TB are the pulmonary but extrapulmonary ones are not uncommonly seen. In the earlier 20th century Scroufas (cervical lymphadenitis) were as common as pulmonary manifestations. We present a case of a 21 year-old female, originally from Guinea with no family or personal history of illnesses, with some time in between as refugee in a camp, without any allergies, alcohol intake, smoking or drugs abuse, who presented a swelling in the right supraclavicular space of recently appearance. The swelling had been increasing in size and was painful; she also had chest pain with inspiration. As for differential diagnoses implicated viral adenopathy, dental abscess, tuberculosis, lymphoma, leukemia and sarcoidosis. Complementary tests as laboratory analysis, x-ray, tuberculin skin test, cervical echography and a biopsy were done. CRP resulted of 23 mg/L, with chest x-ray that showed a necrotic tumor in the supraclavicular region, confirmed on echography. Tuberculin skin test resulted positive (5 cm) and microscopy showed granulomatous necrotic tissue with caseous center. The diagnosis of tuberculous supraclavicular lymphadenitis was confirmed. The patient started the first line of medication and she had follow-ups with primary care and hospital specialization, during these period the patient became pregnant but drugs were safe, so she had to continue taking the medication. Even though Tuberculosis is not the most known cause of adenopathies, a differential diagnosis has to be made and tuberculin and chest x-ray has to be included in the preliminary study.