Abstract

Oral cavity involvement in tuberculosis (TB), particularly palatine, is extremely rare and mostly described in case reports. Management of these cases usually responds to classic antitubercular therapy. Some serious complications such as paradoxical reactions (PRs) may however occur, making it more challenging for physicians to treat and to manage. We present a case of a 30-year-old female patient with a history of juvenile idiopathic arthritis and systemic lupus erythematosus who presented a bifocal form of TB involving the palate and the cervical lymph nodes. Follow-up after 2 months of proper antitubercular treatment revealed a PR of the lymph nodes contrasting with a favorable outcome of the oral lesions. It seems useful to raise all clinicians' awareness to suspect TB when they deal with chronic drug-resistant oral erosions and to keep in mind the diagnosis of PR when there is a worsening of one lesion and a favorable outcome of another.

Keywords: Oral ulcers, palatine tuberculosis, paradoxical reaction

INTRODUCTION

Oral cavity involvement in tuberculosis (TB) is rare, occurring in 0.2%–1.5% of extrapulmonary cases. The most common sites are the tongue followed by the gingiva. Palate involvement is exceptional. Diagnosis essentially relies on histological findings. Although it is believed to be a curable benign disease, management of TB can be challenging, particularly when complications such as paradoxical reactions (PRs) occur. We hereby present a case with a palatine and cervical lymph node TB complicated with a PR of the lymph nodes.

CASE REPORT

A 30-year-old female Caucasian housewife from a rural area with a history of juvenile idiopathic arthritis has been followed in our department since 2008 for systemic lupus erythematosus (SLE) in its cutaneous (acute and discoid lesions) and immunologic form. She has been on hydroxychloroquine since the diagnosis of SLE. No family or personal history of TB was recorded. In December 2017, the patient was admitted for gingivostomatitis occurring after a tooth extraction that was resistant to usual treatment and antibiotics. On admission, the general state was not altered and she had no fever. She weighed 45 kg (body mass index 14.36 kg/m²). Mucocutaneous examination found poor oral hygiene. She had a large palatine inflammation with multiple superficial infracentimetric nonnecrotic ulcerations. Examination also found three firm inflammatory right cervical lymphadenopathies in the submandibular and deep anterior region measuring 1.5–2 cm. In laboratory tests, white blood cell count was 8400/mm³ (neutrophil polynuclear level count: 5600/mm³ and lymphocyte count: 2000/mm³). Hemoglobin level was 11.2 g/dL, mean corpuscular volume was 89.2 µm³, and platelet count was at 295,000/mm³. Ferritin level was at 77 ng/mL, C-reactive protein at 20 mg/L, and albumin at 35 g/L. Creatinine level and hepatic enzymes were within the normal range. Tuberculin intradermal skin test was positive with a 15 mm induration. Serology for HIV was negative. The patient had no clinical or biological sign of SLE flare. Cervical ultrasonography found bilateral hypoechogenic cervical lymphadenomegalies (right IIB and IIA chains: 18 mm × 26 mm) and (the left IB chains: 20 mm × 7 mm). Facial computed tomography (CT)-scan found an irregular osteolytic lesion of the maxillary bone next to the 14th tooth.
The eccentricity of PR in our case comes from our patient had a tooth extraction. Yet, in some cases, Drainage aspiration can be an interest alternative to surgery but beware of the risk of fistulization and recurrence. Positive diagnosis of PR was retained after excluding a drug resistance, a poor adherence to treatment, and an associated lymphoma. The eccentricity of PR in our case comes from the contrast between the good evolution of oral cavity lesions and the worsening of lymphadenitis.

Corticosteroids can be used. Drainage aspiration can be an interesting alternative to surgery but beware of the risk of fistulization and recurrence.

**Declaration of patient consent**
The authors certify that they have obtained all appropriate patient consent forms. In the form the patient has given her consent for her images and other clinical information to be reported in the journal. The patient understands that her name and initials will not be published and due efforts will be made to conceal her identity, but anonymity cannot be guaranteed.

**Research quality and ethics statement**
The authors followed applicable EQUATOR Network (http://www.equator-network.org/) guidelines, notably the CARE guideline, during the conduct of this report.
Financial support and sponsorship
Nil.

Conflicts of interest
There are no conflicts of interest.

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