

Oropharyngeal cancer and tuberculosis

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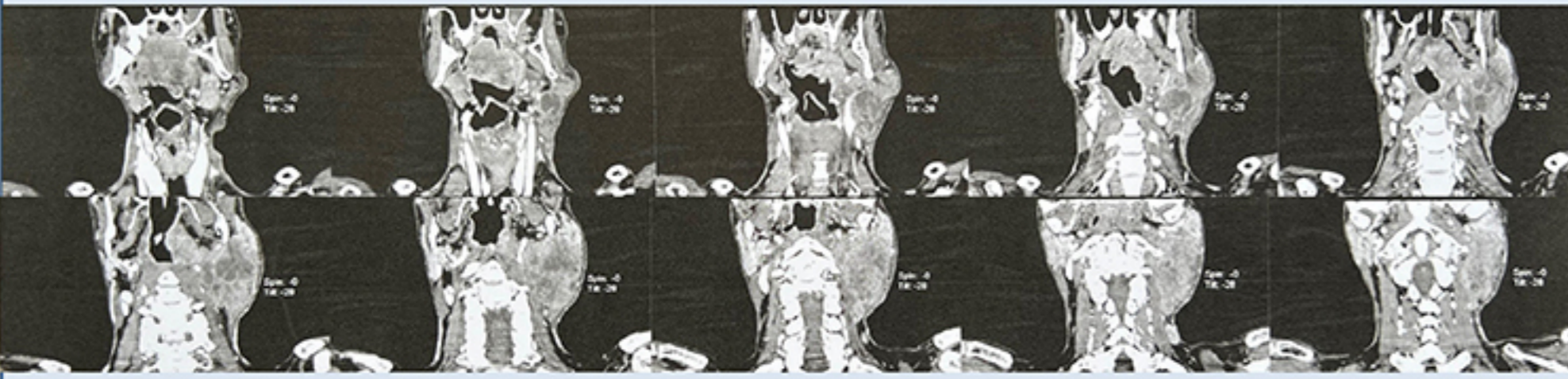
Introduction

Squamous cell carcinomas are the most common mucosal tumor of the mucosa of the upper aerodigestive tract, and can occur anywhere there is squamous cell mucosa.

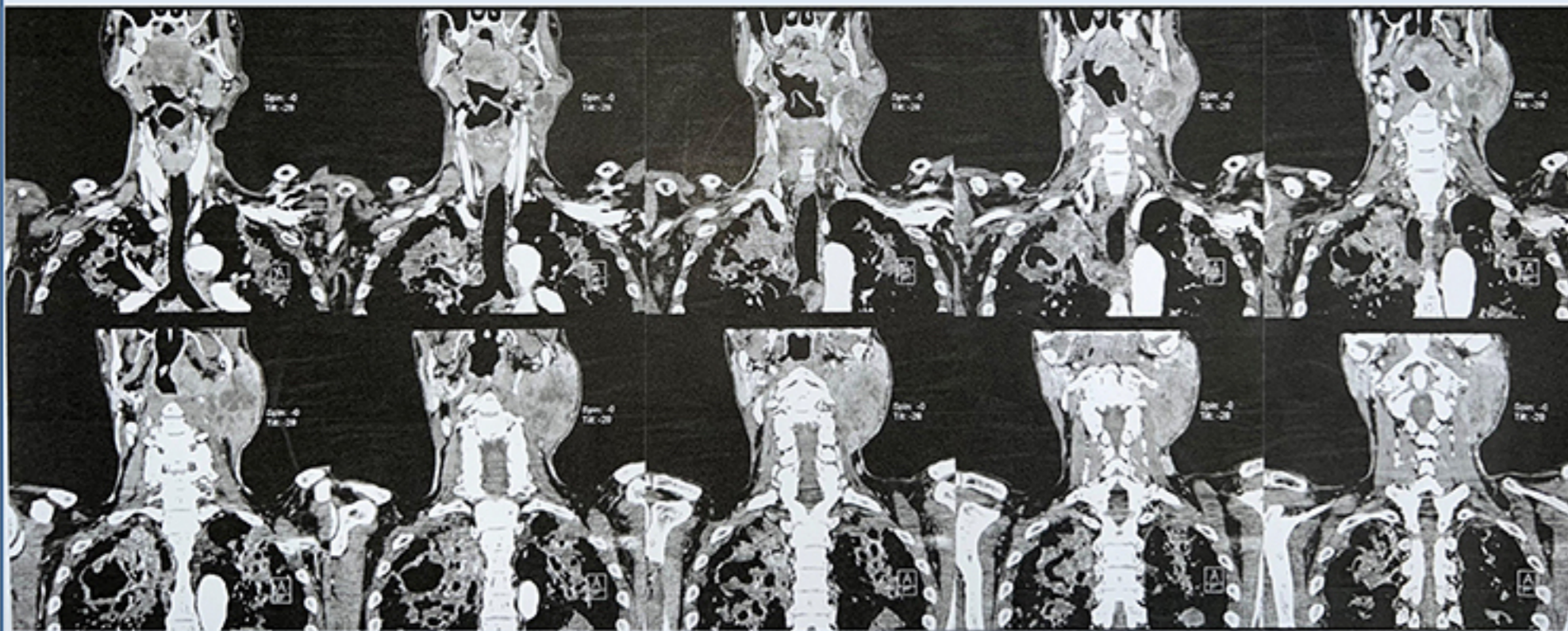
Tuberculosis is an infectious disease, one of the main causes of human mortality, which is in the top ten most common causes of death worldwide and which, more often than other pathogens (including HIV / AIDS), is the cause of a fatal end. Many risk factors for tuberculosis have been identified, including diabetes, splenectomy, appendectomy, cancer, and others.

Clinical Case

We present the case of a 54-year-old patient, a 45 pack-year smoker with occupational exposure to cement dust for 20 years, who first came to a ENT consultation because of a left latero-cervical formation, currently measuring approximately 5/3cm, hard, adherent to the deep planes, painless spontaneously or on palpation, and which the patient describes as appearing 6 months ago..

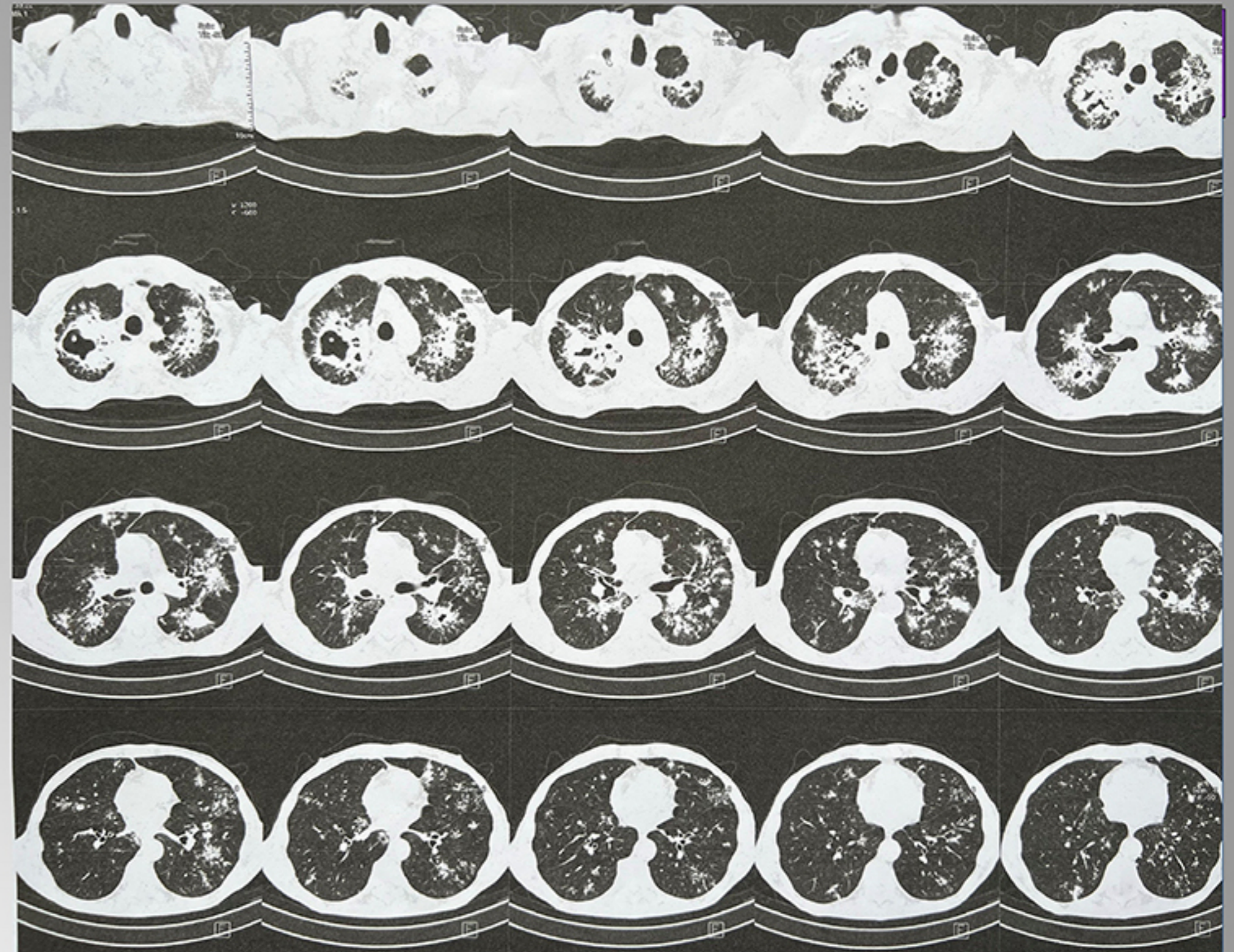


The described radiological aspect of the formation is of a 35/27/40mm iodophil macronodule with the appearance of a primary proliferative process in the left wall of the oropharynx. However, the bigger picture is more edifying.

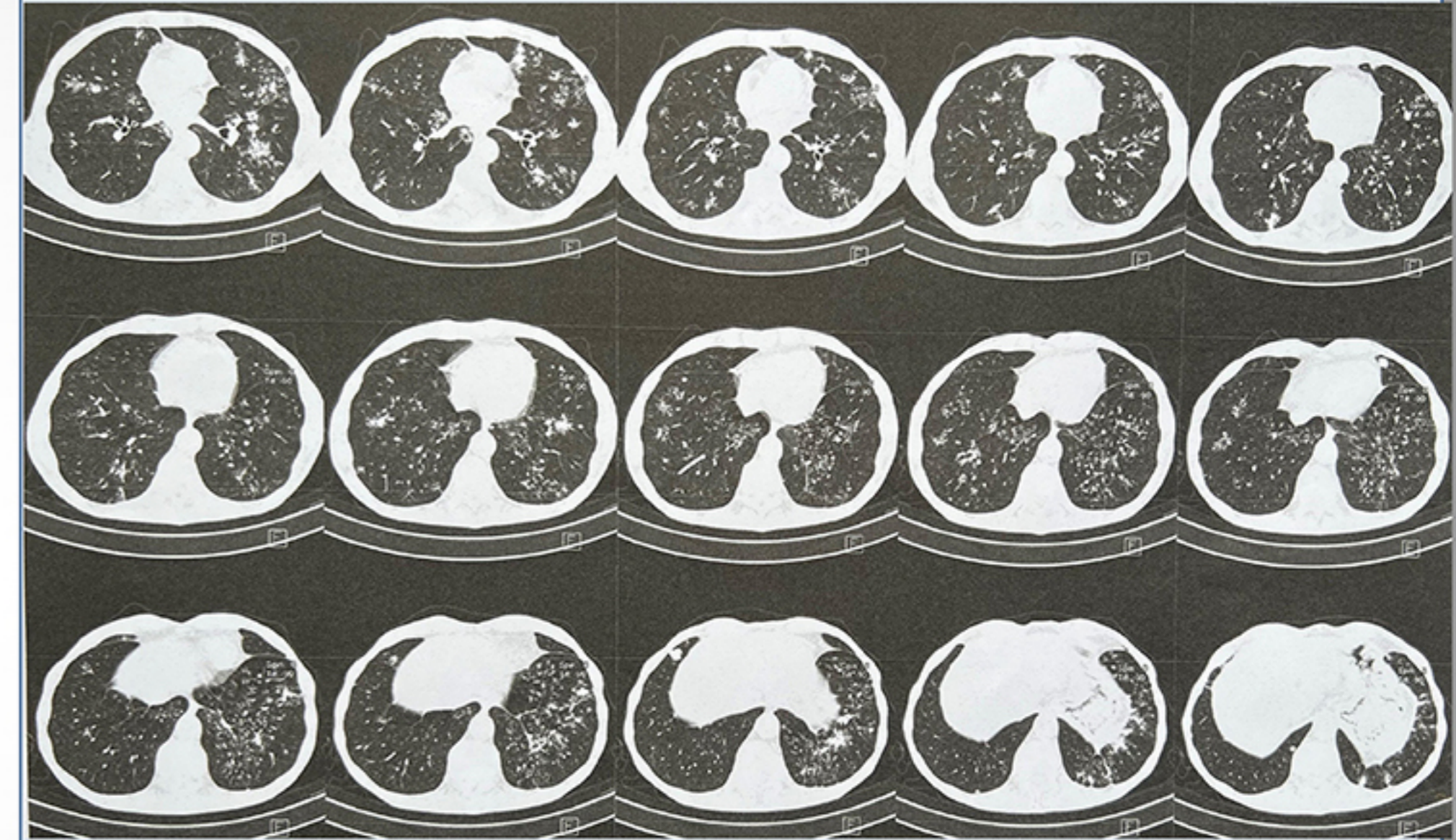


In the lung parenchyma, the radiological lesions tell a new story and are the reasons he was admitted to our hospital.

According to a population-based retrospective cohort study head and neck cancer patients had a 2.86-fold higher prevalence of pulmonary tuberculosis than people in the noncancer group 1, but the number of studies supporting this information is far greater.



Massive atypical cavitary lung lesions with bilateral apical distribution, multiple disseminated polymorphic nodules and micronodules, altogether suggesting severe active tuberculosis with miliary dissemination.



Radiologically, it cannot be appreciated if all the nodular lesions present in the lung fields have the same etiology. Sputum smear results for TB came back strongly positive (3+), and genetic molecular testing showed complete susceptibility to first line drug treatment, which was started shortly after.

Conclusions

The case is illustrative from an imaging point of view and provides the opportunity to discuss the differential diagnosis, as well as the investigations necessary to confirm the diagnosis.

Malnutrition and weakened immune responses can be caused both directly or via secondary effects of cancer, therefore increasing the likelihood of reactivating latent TB.

References

1. SW, Lin CL, Liao KF. Head and neck cancer associated with increased rate of pulmonary tuberculosis in a population-based cohort study. *Medicine (Baltimore)*. 2017 Oct;96(43):e8366. doi: 10.1097/MD.0000000000008366. PMID: 29069025; PMCID: PMC5671858.