TUBERCULOUS CERVICAL LYMPHADENOPATHY AND THE ROLE OF SURGICAL TREATMENT

Kampol Kanjanopas, Narumon Siripan and Rajitkorn Phoophitphong

Department of Otolaryngology, Hatyai Hospital, Songkhla, Thailand

Abstract. The relationship between the size of a lymph node in tuberculous cervical lymphadenopathy (TCL) cases and the role of surgery is unclear. We examined the outcomes in patients with TCL treated between October 2011 and November 2013 at the ENT Department, Hatyai Hospital. Ninety-seven patients were included in the study. The subjects were divided into five groups based on clinical presentation and anatomical site of the involved lymph nodes: 1) solitary lymph node (n=36), 2) multiple lymph nodes at one anatomical site (n=31), 3) lymph nodes at multiple anatomical sites (n=16), 4) patients with lymph node abscesses (n=12), and 5) patients with fistulas (n=2). Of the 36 solitary lymph node cases, 14 had a lymph node ≥3 cm in diameter. Eight of the 14 had complete surgical excision of the node before receiving a full course of medication and all did well. Six of the 14 who were treated with drug therapy alone had problems: 2 progressed to abscess formation and 4 had residual enlargement of their lymph nodes that required surgery. The cure rates differed significantly by type of treatment (p<0.001). Of the 47 cases with multiple cervical lymph nodes ≥3 cm in diameter, 13 were treated with medication alone; 9 (69%) did well and 4 developed an abscess and had residual lymphadenopathy. All 34 cases treated with modified neck dissection before a full course of medication were cured. The cure rates differed significantly by type of treatment (p=0.004). These results suggest surgical treatment for all accessible lymph nodes ≥3 cm in diameter in patients with TCL prior to a full course of drug therapy significantly increases the cure rate compared to medication alone.

Keywords: tuberculous cervical lymphadenopathy, surgical treatment