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Tumor-parietal thoracic tuberculosis

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ABSTRACT

Tuberculosis remains a major public health problem, especially in our country. Tuberculosis of the chest wall is a rare location. Clinically, it presents itself as a collection or abscess tissue mass. The diagnosis is retained before signs of clinical and radiological call and confirmed by bacteriological and or histology. Medical treatment alone is often insufficient and must be associated with a surgical cure excision or drainage.

Keywords : Tuberculosis ; Thoracic wall; Surgery.

INTRODUCTION

Tuberculosis of the chest wall is a rare location. It represents less than 5% of musculoskeletal tuberculosis violations are themselves evaluated at 15% of extrapulmonary tuberculosis [1,2]. This is an unusual presentation of tuberculosis, most commonly described in immunocompromised patients. Its incidence is increasing in endemic areas. It poses a diagnostic problem with the parietal tumors and other infections [1,2]. We report a primary tubercular tumor-like shape of the chest wall occurring in immunocompetent woman with a literature review.

MATERIALS AND METHODS

Observation

A 50 year old woman with no notion of TB contagion, which featured for 6 months painless swelling of the right anterior chest wall gradually increasing in volume without weight loss concept or fever. Physical examination revealed a patient with afebrile presence of a mass in the right pectoral region measuring 9 cm in major axis, firm consistency, painless and without inflammatory signs. The remainder of the physical examination was unremarkable including no palpable lymphadenopathy. The count in the blood picture was of white blood cells to 9200 cells / mm 3 with 25% lymphocytes and hemoglobin 12.5 g / dL. The erythrocyte sedimentation rate was 30 mm in the first hour. Hydatid serology and intra-dermoreaction tuberculin were negative. The research of Mycobacterium tuberculosis in sputum was negative and the HIV serology. The standard chest X-ray "was normal. Chest CT objectified mass heterogeneous density in the right breast (Figure 1) requiring the practice of a surgical biopsy with drainage. Culture on Lowenstein-Jensen medium highlighted tubercle bacilli. The pathological examination of surgical biopsy showed a

caséofolliculaire granuloma with caseating homes, evoking a parietal tuberculosis. The patient was put under anti-bacillary chemotherapy for 6 months with favorable development.

RESULTS AND DISCUSSION

Tuberculosis of the chest wall is a rare localization of tuberculosis. Its frequency is 0.1% of all forms of tuberculosis [3]. This unusual form of extrapulmonary TB more frequently interested ribs and intercostal spaces [3,4]. The parietal disease is often due to lymphatic drainage through an infected pleura or contiguity when a tuberculous empyema breaks in the soft parts [5]. This location may be secondary to hematogenous spread from a pulmonary focus, to direct inoculation transcutaneous or an extension from a adénite chest wall [4,5]. This latter mechanism is predominant for cold subcutaneous abscesses chest. [6] Previous intercostal nodes are most often affected, hence the parasternal preferential localization of abscesses. The tubercular abscesses can often fistuliser skin or rarely give a second location [4,5]. The parietal tuberculosis is characterized by the absence of specific clinical symptoms [1,2]. The abscess is often quite localized at the anterolateral chest wall [6,7]. The mass is often fluctuating, which rarely evokes an infectious origin [1,6,8]. In case of abscess of the chest wall, a history of tuberculosis were found in 83% of patients [2,4,5] and is concomitant active tuberculosis in 17.4% of cases. Despite advances in imaging, diagnostic parietal tuberculosis remains difficult due to the lack of specific radiological signs [1,2,6,7]. Furthermore, this research allows imaging of pulmonary or pleural lesions underlying and / or other tuberculous localizations [4]. If ultrasound and CT scans can confirm the parietal abscesses, however they provide little evidence for his tuberculous [4]. The diagnosis of tuberculous certainty based on the isolation of Mycobacterium tuberculosis in the aspirate and / or histological study of biopsies or surgical resections of parts [4,5,6]. Pathological examination of biopsy or excision of the parietal mass identifies epithelioid follicles and Langhans giant cells types, with or without caseous necrosis. The bacteriological examination can confirm the diagnosis by demonstrating acid-fast bacilli (AFB) direct examination and finding of Mycobacterium tuberculosis cultures [5]. The combination of TB treatment to surgery is recommended to reduce the risk of recurrence [1,9]. Indeed, medical treatment must be preceded by a surgical treatment that allows resection of the abscess in full and to take necrotic tissue underlying. Surgery is a diagnostic tool for the realization of biopsies, excisions or tumorectomies to obtain histological evidence [10]. The prognosis of this disease is usually favorable, although it depends on the time to diagnosis and rapid initiation of treatment [1].

CONCLUSION

The tumor-parietal thoracic tuberculosis is a rare form of extrapulmonary tuberculosis that any practitioner should think every time there is a favorable ground. Surgery is the cornerstone of the management of this particular form.

Conflict of interest

The authors declare no conflict of interest.

Author Contributions

All authors contributed to the writing of this manuscript and read and approved the final version.

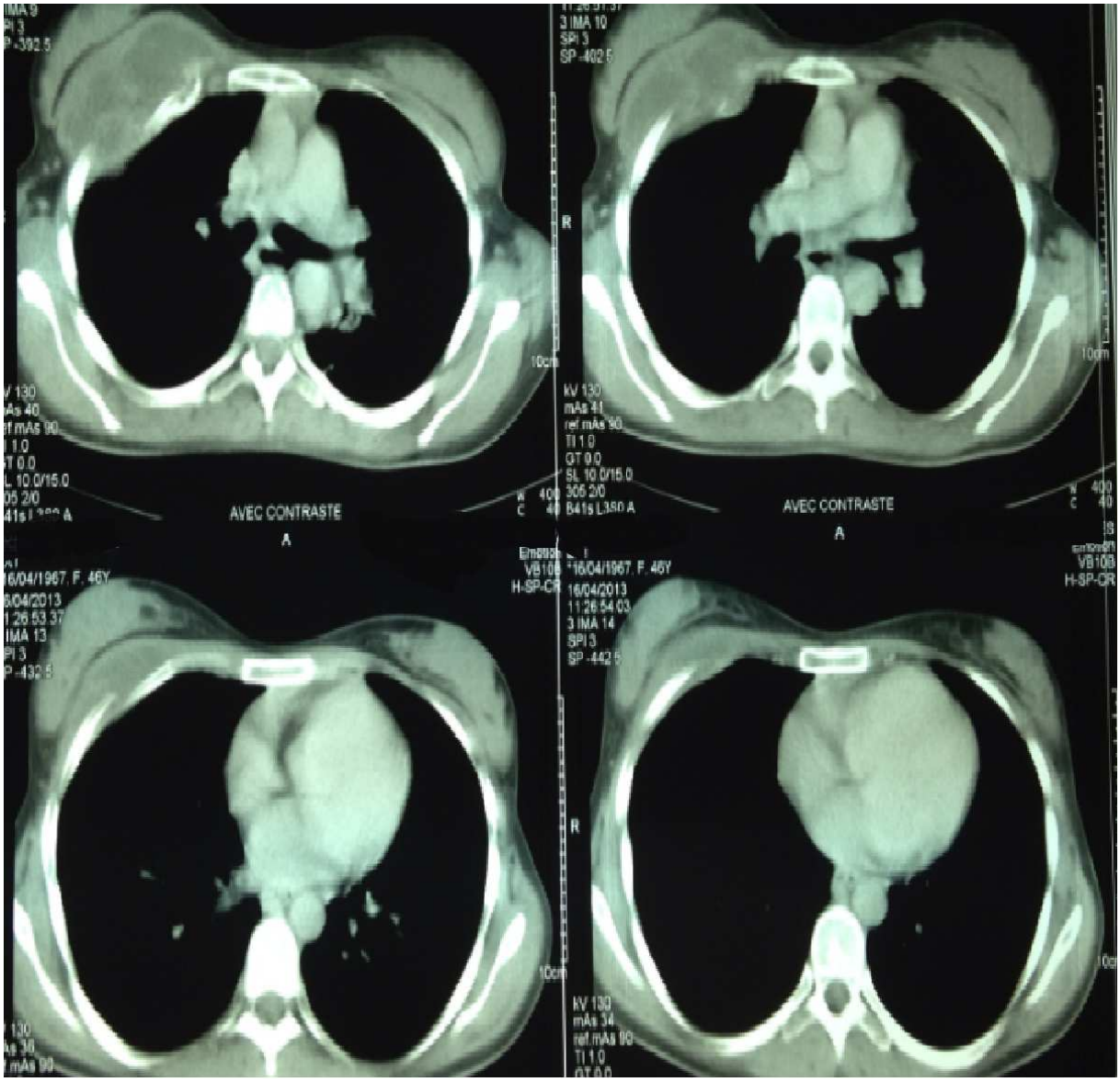

Figure 1: chest CT showing a heterogeneous mass in the right breast density.

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