

Case 103 A young immigrant with a lump in the neck



Figure 103.1

Figure 103.1 is of a 26-year-old catering worker, a recent immigrant from the Middle East. He had noticed a lump in the left anterior triangle of his neck about 6 months previously. It had gradually enlarged, and then, in the last couple of weeks, it became considerably bigger. It was uncomfortable rather than painful and he was now worried about its appearance. Apart from this, he was well and was still at work.

On examination, the lump was soft, smooth, not tender and definitely fluctuated, although it did not transilluminate. At the centre of the mass, the overlying skin was adherent to the lump and, as can be seen, was slightly reddened. However, the skin did not feel warmer than its surrounds.

He was afebrile. There was no other lymphadenopathy, no local focus of infection on full clinical examination, and the spleen and liver could not be felt.

Taking all these features into consideration, what would be the probable diagnosis?

This patient presents the clinical features of a tuberculous 'cold' abscess.

What is the origin and the natural history of tuberculosis of the cervical lymph nodes?

This condition is now rare in children and young adults born in the Western world, where milk comes from tuberculosis-free herds of cows or, at the least, is pasteurized. It is still quite commonly encountered in patients coming to the UK from developing countries, especially the Middle East and the Indian subcontinent. Tuberculous mycobacteria in infected milk are taken up by the lymphoid tissue in the palatine tonsils, passes to the tonsillar lymph node and may spread to the other nodes in the deep cervical chain. The nodes enlarge, and then break down to form a tuberculous abscess. This is demonstrated in Fig. 103.2 showing a mass of tuberculous cervical nodes excised from a girl of 14 who had recently arrived from the Indian subcontinent.

Left untreated, the pus from the infected nodes breaks through the deep fascia to lie in the subcutaneous tissue – a 'collar stud abscess'. This is what has happened in this young man. There is an abscess in the superficial tissues of his neck that leads down through a track through the deep fascia down into the breaking down mass of deep cervical lymph nodes. If treatment is still further delayed, the abscess discharges spontaneously through the overlying skin, resulting in a chronic tuberculous sinus.

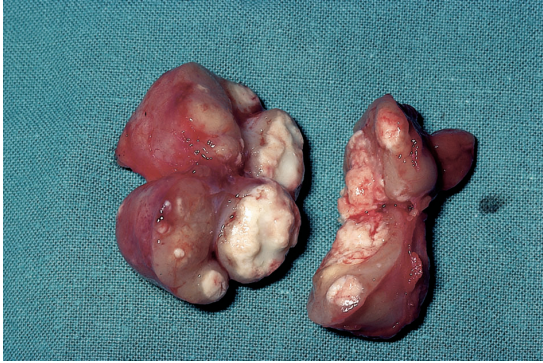


Figure 103.2 Tuberculous cervical nodes.

What is your differential diagnosis in this patient?

- Acute lymphadenitis, but this is very painful and tender and the inflamed skin feels hot to the touch (unlike this 'cold' abscess).

- An infected branchial cyst (see Case 102, p. 211).

An X-ray of the neck may be helpful as chronically infected tuberculous nodes usually show flecks of calcification.

What is the name given to tuberculous pus?

'Caseous' pus – the word caseous means 'cheesy', because of its resemblance to cream cheese.

Discuss the treatment of tuberculous cervical lymph nodes

Enlarged nodes should be excised; this was performed in the young girl whose specimen is shown in Fig. 103.2. If the patient presents with a 'collar stud abscess', as in our catering worker, the pus is evacuated, a search made for the hole penetrating through the deep fascia, and the underlying caseating node evacuated by curettage. The operative treatment is combined with antituberculous chemotherapy.