

Isolated Axillary Tuberculosis Lymphadenitis

A 42-year old female, consulted me for the presence of enlarged nodules in her right armpit. About two months ago, she started complaining of mild pain and swelling in the right armpit area. Pain was associated with fatigue and nocturne sweats. Otherwise, the lady looked healthy.

Clinically and radiologically, the tow breasts looked healthy, as well as the neck and the corresponding upper limb. The negative results of blood tests made me confused. To be sure, I resorted to the excision biopsy of one of the axillary lymph nodes. Later, after the clarity of vision, the investigation has been completed by studying the two lungs radiologically. The radio appeared normal.

Surgically, I counted five enlarged axillary lymphatic nodes, of which the greatest diameter was 4.5 cm. The surgically available nodes were elastic, fragile, and mobile. One of them was completely removed for the pathological study.

The pathological study confirmed the lesion to be tuberculosis of the axillary lymph nodes; [Figure \(1\)](#).

DESCRIPTION OF THE SPECIMEN: A. enlarged lymph node measuring 4.5 cm in greatest dimension. cut sections revealing moderately soft, gray yellowish tissue with focal necrosis.
B. fragments of soft friable tissue with focal necrosis, measuring in total 2 cm.

MICROSCOPIC : A. and B. diffuse granulomatous infiltrate consisting of epithelioid cell granulomas with focal abundant central necrosis, numerous multinucleated giant cells Langhans' type . Slight fibrosis.

CONCLUSION: consistent with Tuberculous Lymphadenitis.
No malignancy.

*[Figure \(1\)](#)
[The Pathological Report](#)*

Discussion









Extra pulmonary TB is not uncommon. About 30% of tuberculosis cases are extra-pulmonary. Tuberculous lymphadenitis is around 43% of extra-pulmonary tuberculosis. The cervical lymph nodes are most affected by tuberculosis. Followed by the axillary lymph nodes with 8-20% of all tuberculous lymphadenitis.

Practically, in front of an isolated enlargement of axillary lymph node, we tend to think mostly of latent malignancy in the corresponding breast. This trend remains correct. Furthermore, it is rather an obligation because of the high incidence of breast cancer.

Universally, 13% of women have breast cancer. In contrast, in countries where TB disease is endemic, or those experiencing its condemnable return, the rate of axillary tuberculosis lymphadenitis increases either in form of isolated lymphadenopathy or as a part of more dangerous systemic tuberculosis (in lungs, in bone, in the corresponding breast, ...). Actually, the probability of tuberculosis is increased in that context to reach the second rang of the differential diagnosis of the isolated axillary lymphadenopathy among women, and especially among males.

Breast cancer or tuberculosis lies behind an enlarged axillary lymph node? The final word should be to the pathological study. The last scenario that we are afraid of is the cohabitation of the two lesions in one axillary lymph node. Is it possible? Yes, in the medical literature, it was mentioned such a tragic scenario in few victims.

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(Buerger's Disease)*



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