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An Enlarged LT Supraclavicular LN (Virchow-Troiser's Node) Node in Peri-Ampulary Carcinoma It Is Not Always a Metastatic

[*1]Omer S. Alamoudi, FRCP, FCCP, FACP, [2]Abdulrahman Demerdash, MRCP (UK), [3]Saleh Y Alhedyan

[1,2,3] Dept. of Medicine, King Abdulaziz University Hospital (KAUH), Jeddah, Saudi Arabia

[*]*E-mail: dramoudi@yahoo.com*

Abstract: **The incidence of tuberculosis Disease is increasing all over the world mostly in poor, developing Countries. In Saudi Arabia: tuberculosis is a common disease due to the migration of people from the developing countries.**

Since the reported patient has a resected abdominal neoplasm, it may be overlooked or confused with recurrence of the malignant disease. We describe two patient with unusual form of extra-pulmonary tuberculosis both mimicking recurrence of neoplastic diseases. The first patient was a 51 year-old man who was operated on for Cancer head of pancreas which was confirmed histologically, the second patient was a 85 year-old man was operated for peri-amullary carcinoma, during follow up of both patient they developed cervical lymphadenties which proved to be tuberculous, both patients treated successfully with isomiazid, rifampicin and pyrizinamide, no relapse of either malignancy or tuberculous lymphademitis.

Keywords: **tuberculosis Disease, lymphademitis.**

1. INTRODUCTION

Tuberculosis is a common disease in Saudi Arabia. This due to! Migration of people from developing countries, increase the prevalence of HIV disease and wide use of immuno modulating drugs. Much of the traditional learning about this disease is no longer true and tuberculosis has become a new entity. Tuberculos lymphadenitis is the commonest from of extra-palmonary tuberculosis. Cervical lymph node are the most common site affected by this disease.

It should be considered in every isolated lymph node enlargement, it may confuse with neoplastic disease. We describe two similar and unusual cases of ampullary carcinoma treated surgical and during fellow-up: an enlarged left supraclavicular lymh nodes, in both patient malignant recurrence were primerly pro posed but accurate diagnosis has been done and proved to be tuberculosis and helped in down staging the cancer and indentifying, a curable disease and both successfully treated with antituberculous therapy with no evidence of relapse of cancer or T.B. We wish to high light the important of this rare condition because of its potential for mimicking, recurrence of malignancy.

2. CASE -1st

A 50-year-old Saudi male patient who is not known to have any medical ill ness was admitted to our hospital in Mars 2005 with history of right hypochondrial pain and jaundice of 2months duration and weight loss of 3kg over the last 2months. He did not have history of arthalgia, anorexia, productive cough or expose to animal or other ill person. On Examination: His pulse was 76/min and temperature 36^0c, he has a tinge of jaundice but not pale, his BP was 120/80, chest, CVS,

Abdominal, neurological examination was normal. Laboratory investigation revealed: a white cell count of 7400/mm^2, with normal deferential count; hemoglobin 14.4 gm/d1; total protein 80 mg/1d, albumin 37 mg/d1; ALT 283, AST 133; GGT 1143, total bilirubin 167, direct bilirubin 157 and alkali phosphate 391, U/E were normal, Chest X-ray was normal, abdominal ultrasound showed intra & extra hepatic biliary radical dilation with distended gall bladder which was confirmed by MRCP with filling defect in the common bile duct no pancreatic mass, ERCP endoscopy reveal ed periampullary ulcer, biopsy from the ulcer revealed invasive moderately differentiated periamillay carcinoma with margin free disease, whipple procedure was performed in view of the biopsy. His post-operative recovery was uneventful, he was doing well on follow-up; until 7 month post-operative when he represented with cervical lymph node enlargement: excisional biopsy was performed which revaled necrotizing granulation which was consistent with tuberculosis, he received 4 antituberculous drugs for 2 months and completed with 2 for 4 months until cured with no evidence of recurrence of any the disease.

3. CASE IInd

A 85 years-old gentile man who is known to have diabetes mellitius for 15 years on oral hypoglycemic presented two times with severe anemia need transfusion, was admitted to our hospital in mach 2006 with sever cholestatic jaundice, On examination: He was pale, jaundice and cachexic chest, CV, and abdominal examination was normal. Laboratory investigation revealed a white cell count of /mm^2, with normal deferential count; hemoglobin was5.4 gm/d1; total protein 80 mg/1d, albumin mg/d1; ALT , AST; GGT 557 u, ALP 916 u, total bilirubin 66, direct bilirubin 54, urea and electrolytes were normal, Chest X-ray was normal_Abdominal U/S showed solitary stone in G.B with reported normal CBD, UGIE, Colonoscopy were normal, ERCP revealed periampullary ulcer, biopsy was taken showed peri-ampullary carcinoma, whipple procedure was performed with no post-operative complication, few months later the patient developed left supraclavicular lymph node enlargement, biopsy was taken and histology and AFB staining showed tuberculous lymphadenitis, the patient was started on antituberculous treatment with marked improvement.

4. DISCUSSION

Peripheral lymphadenopathy with out an obvious cause detected after a careful history and physical examination remains a diagnostic dilemma. Distinguishing: between localized_and generalized lymphadenopathy care help to formulate a differential diagnosis. In localized: lymphadenopathy, the deferential diagnosis depends on the location Lt supra clavicular lymphadenopathy is highly associated with malignancy.

In three studies, maligniancis were found in48.5%, 64% and 71% of patients with this presentation (1,2) depends on demographic factors (1,2,6).right supra clavicular lymphadenopathy is known to be associated with cancer in the mediastinum, lungs or oesphagus (1). Left supraclavicalar lymphadaenopathy (Virchow – Troisier's node) suggest abdominal and pelvic malignancy (2) Dispite the close relationship between supraclavicalr adaenopathy. & maligniancy other diagnosis must be considered particularly tuberculous lymphadenitis.

In patients with history of abdominal malignancy recurrence in 77%of such Patient in one study (2),so of raise the possibility diagnosis metastaic periampillary carcinoma for the first sight shoud be considered , other diagnosis such tuberculous lymphadentis also to be considered, because there is an increase the risk of tuberculosis in that population compared to the general population (4,5). The reason for higher incidence are not clearly identified, but some hypothesis has been proposed, there is a decrease in Tcell responces, chemotherapy may alter the immune system & Other factors might contribute to the decreased immunity are malnutrition in addition to increase survival of cancer than before(5,6,7). In both patients there was no clinical diagnosis tubeculosis inspite of that tuberculous lymphadenitis was confirmed by biopsy and ZN staining, it was the only chance of cure, anti T.B. 2 HRZ/for 2months then HR was continued for 4 months were given and no relapse of any of them.

5. TEACHING POINT

Although a palpahle left supra davicular lymphanopathy evokes the diagnosis of Virchow-Troisier's node associated with resected. Abdominal malgiancy, a physician should keep in mind the possible diagnosis of tuberculous lymphaddenities histological and microbiological examination are required to both establish the diagnosis and select the appropriate treatment.

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