Co-existence of Carcinoma Tongue with Pulmonary Tuberculosis

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Abstract

We present the case of a 45-year-old male diagnosed to have carcinoma base of tongue, whose chest radiograph showed bilateral lung infiltrates and was referred for evaluation of suspected pulmonary metastases. Diagnostic evaluation confirmed the diagnosis of smear-positive pulmonary tuberculosis. [Indian J Chest Dis Allied Sci 2015;57:185-186]

Key words: Carcinoma tongue, Pulmonary tuberculosis.

Introduction

Neoplasms of the oral cavity are one of the most common malignancies in India; with an incidence of 12.6 per 100,000.¹ Carcinoma tongue comprises 24.2% of this load;¹ 53% of patients with carcinoma tongue have distant metastases. Lung is the most common site (80%)² of metastases and patients present with canon ball metastases or lung infiltrates. Conditions causing immunosuppression can lead to reactivation of pulmonary tuberculosis (TB). Malignancy per se and treatment modalities used for malignancy, both lead to immune suppression, and can thus, unmask pulmonary TB. Co-existence of carcinoma tongue with pulmonary TB is rare. In this report we document such a rare co-existence.

This case highlights the importance of suspecting TB in any patient with pulmonary radiological abnormalities who have evidence of malignancy elsewhere keeping in view the high prevalence of TB in India.³

Case Report

A 45-year-old male, former smoker was diagnosed to have progressively increasing tongue swelling, which on further work-up was confirmed to be squamous cell carcinoma of base of tongue at left vallecula (Figure 1). The routine chest radiograph revealed bilateral infiltrates (Figure 2), so the treating otorhinolaryngologists referred the patient to us suspecting lung metastases. The patient presented to us with a 2-month history of on and off cough with expectoration and haemoptysis, associated with loss of weight and appetite. General examination was within normal limits. Respiratory system examination revealed bilateral crepitations all over chest. Routine blood investigations were within normal limits. Sputum smear examination for acid-fast bacilli by Ziel-
and patients on immune-suppressants, increase the risk of developing active disease considerably. The major immune-protective mechanism against TB is the cell-mediated immunity (CMI), so disease states causing impairment of CMI cause increased risk. Our patient had history of pulmonary TB one year back, which he took adequate treatment and was declared cured. A possible mechanism for reactivation of pulmonary TB this patient could be the oral malignancy induced immunosupression. Another fact to be kept in mind while evaluating any malignancy patient for pulmonary metastases is that sputum smear examination for acid-fast bacilli should be done prior to other invasive tests, bearing in mind the high prevalence of TB in India.

References