

Lymph node tuberculosis in elderly : What particularities ?

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INTRODUCTION:

The geriatric population represent the largest reservoir of tuberculosis infection (TB), particularly in developing nations. Clinical features of TB in older adults may be atypical, non-specific, and confused with concomitant age-related diseases.

Objective:

The aim of the study was to describe the epidemiological and clinical characteristics of lymph node tuberculosis (LNTB) in elderly patients hospitalized in an infectious disease department and in an internal medicine department.

Materials and methods:

We conducted a retrospective study of all patients with bacteriologically-proven lymph node tuberculosis assessed in a Tunisian infectious diseases department and an internal medicine department from March 1996 through April 2018.

Results:

Number of patients= 20 (16 women and 4 men)

Sex-ratio= 0.25

Average age= 75 years-old

History= Diabetes (n= 1), systemic lupus erythematosus (n = 3), Gougerot-Sjögren syndrome (secondary or primary) (n = 2) and systemic scleroderma (n =1).

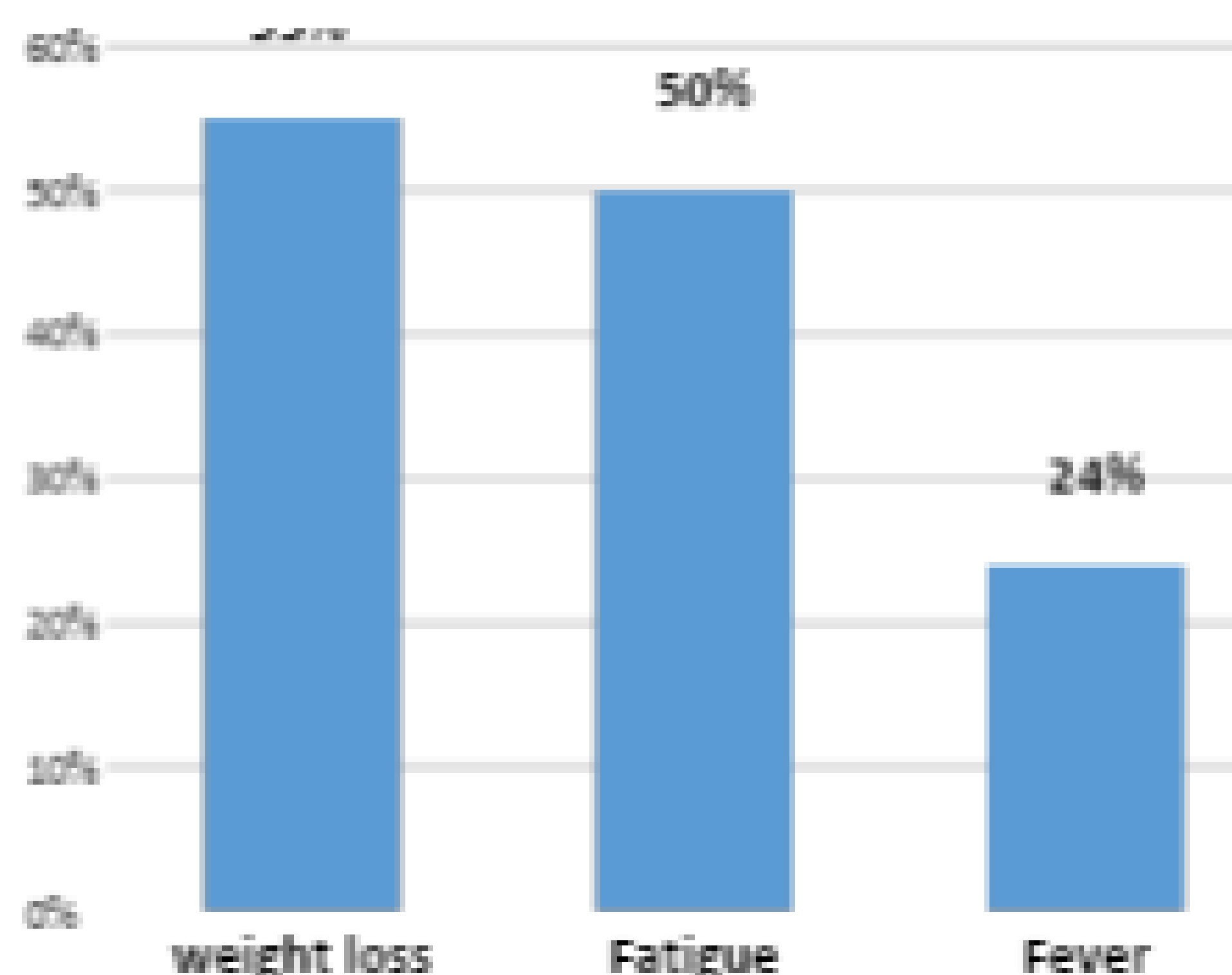


Fig 1. Clinical signs revealing lymph node tuberculosis

The tuberculin skin tests were positive in 45 %.

The diagnosis was obtained by biopsy and histological analysis in all patients.

For the 3 patients with mediastinal tuberculosis, diagnosis was respectively obtained by thoracotomy and mediastinoscopy.

A chest radiograph was systematically performed for all patients looking for other locations. One patient had an associated pleurisy.

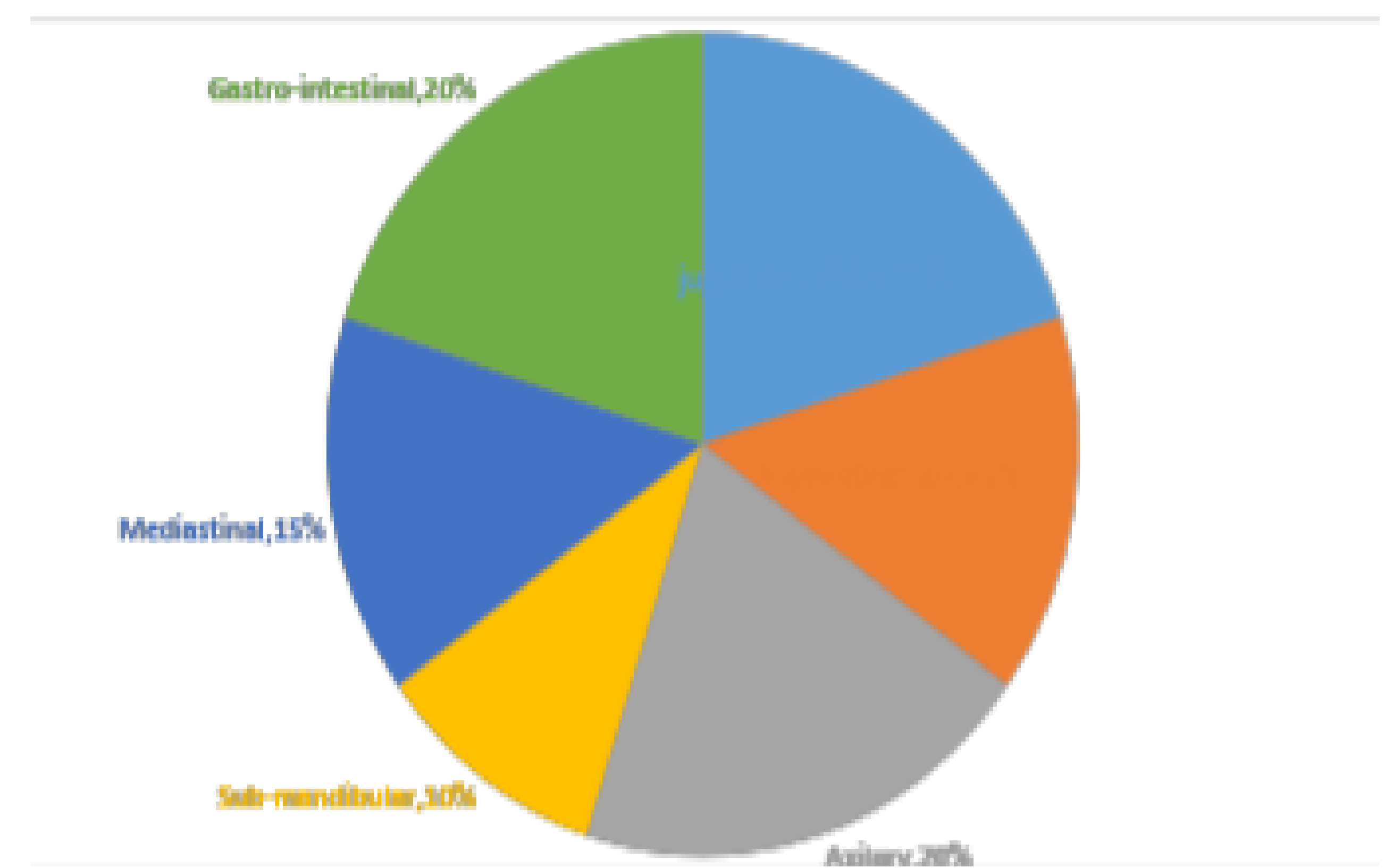


Fig 2. Different sites of lymph node tuberculosis

The patients were given a six-month anti-tuberculous treatment with an uneventful evolution for 10 patients. 3 patients have developed hepatotoxicity with pyrazinamide.

Retrobulbar neuritis was observed in 2 cases treated with ethambutol.

3 patients had a relapse healed with a median duration of 12 month of treatment. Another woman relapsed twice despite prolonged treatment needing surgical treatment.

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DISCUSSION-CONCLUSION:

- Diagnosis of LNTB can be difficult and consequently overlooked [1].
- Underlying acute or chronic diseases, malnutrition, and the biological changes with aging, can impair microbial clearance mechanisms, and contribute to the expected age-associated decline in cellular immune responses to infecting agents.
- Furthermore, therapy of LNTB in the elderly is challenging because of the increased incidence of adverse drug reactions [2].
- Discussion-Conclusion:

Bibliographie:

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- 2- Gagan Chooramani and Pooja Singh. Impact of Tuberculosis in Elderly Population. Handbook of Research on Geriatric Health, Treatment, and Care. 2018: 3.