BACKGROUND

Secondary laryngeal tuberculosis is laryngeal infection caused by Mycobacterium Tuberculosis which is accompanied with pulmonary tuberculosis. Laryngeal involvement was 15-37% in pulmonary tuberculosis. Misdiagnose is a common problem and has become a major health problem.

CASE

- 30 years-old female presented with 2 month history of hoarseness.
- Symptom followed with odinophagy, 2 years history of coughing, episode of recurrent fever and 3 kg weight loss (fig.1).
- On laryngoscopy, patient presented with multitude lesion on the larynx (fig 2,3)
- Chest X-ray, AFB sputum smear, ExpertMTB gene & Sensitive Rifampicin Test was conducted.
- The patient was given 1st category of anti-tuberculosis drugs.

ADMISSION

FOLLOW-UP

DISCUSSION

- Patient was diagnosed with laryngeal tuberculosis based on laryngoscopy examination, workup and its clinical appearance.
- On laryngoscopy examination, there are tubercles on the larynx (fig.2), ulcerative lesions (fig.3) and “Mouse Bite” appearance on the epiglottis (fig.4).
- Chest X-ray showed infiltrate patches spread over the upper field of both lungs and left pleural effusion.
- On workup, AFB sputum smear are positive, GenExpert examination are positive for Mycobacterium Tuberculosis and sensitive to Rifampicin test.
- The patient was given 1st category of anti-tuberculosis drugs (2HRZE/4RH) for 6th month.
- At 5th month, hoarseness and coughing complaints decreased, fever absent and patient’s weight has risen 4kg (fig.5).
- Follow-up are performed by laryngoscopy, ulcerative lesions and tubercle no longer found (fig.6,7).
- However, "Mouse Bite" appearance is still found, which indicates the infection has hit the epiglottis cartilage (fig.8)

CONCLUSION

Early laryngeal examination in patients with history of hoarseness is important to help detect laryngeal tuberculosis and to prevent misdiagnose. Compliance of patients in taking medication gives good results. Follow-up is needed to assess the effectiveness of treatment and prevent complications.

KEY WORDS

Laryngeal Tuberculosis, Pulmonary Tuberculosis, Laryngoscopy Examination