

---

## CASE REPORT

# Extremely Rare Case T. B. of External Auditory Meatus in 11 Year Old Male

SHAHID HUSSAIN, TAQADAS ABBAS, M IQBAL HUSSAIN BUTT

### ABSTRACT

Pulmonary tuberculosis is very common in our country but T.B of external auditory meatus is very rare. An 11 years old boy presented in OPD of Ghurki Trust Teaching Hospital Lahore with H/O left ear blood stain discharge for one year. On examination external auditory meatus was full of granulation tissue. Histopathology showed picture of Tuberculosis. Anti-T.B therapy was given for 8 months.

**Key words:** Granulation tissue, Tuberculosis, External Auditory meatus, Histopathology.

---

### INTRODUCTION

Tuberculosis (TB) is an infectious disease caused by a bacterium called *Mycobacterium tuberculosis* (MTB). It affects mainly the lungs, but also can affect any other organ in the body. More than 2 billion people, one-third of the world's population, are infected with Tubercle bacilli, over 90 percent of them in developing countries. Globally, 9.2 million new cases and 1.7 million deaths from tuberculosis occurred in one year.

### CASE REPORT

An 11 year old male came to OPD, ENT department Ghurki Trust Teaching Hospital with H/O left ear blood stained, scanty, purulent discharge and deafness for the last one year. Examination showed external auditory meatus full of granulation tissue along with purulent discharge. Tuning fork tests showed conductive hearing loss on left side. His Hb was 11.8 mg/dl, TLC was 7000/mm<sup>3</sup>, ESR was 15mm/ hr. On X-ray mastoid there was mild sclerosis on left side. Our provisional diagnosis was CSOM atticofacial variety. We had planned for mastoid exploration. Granulation tissue was removed from external auditory meatus under operating microscope. Tympanic membrane was intact. Granulation tissue was coming from posterior meatal wall therefore, cortical mastoidectomy was done. Mastoid Antum was normal. No granulation tissue or cholesteatoma was found. Tissue was sent for histopathology. Histological examination of the section revealed a fibroconnective tissue comprising of multiple granulomata in which epithelial cells, lymphocytes and giant cells are seen. Areas of necrosis were also present. Features were suggestive of chronic granulations most likely tuberculosis. He was given anti tuberculosis therapy for eight months. Patient became asymptomatic after 2 months of therapy.

---

Department of ENT, Lahore Medical & Dental College, Ghurki Trust Teaching Hospital, Lahore  
Correspondence to Dr. Shahid Hussain, Assistant Professor ENT  
Cell 03007412456 e-mail shahid351@hotmail.com

### DISCUSSION

Tuberculosis is emerging as one of the major killers worldwide. It is responsible for 8 million new cases and three million deaths annually<sup>1,2</sup>. It is still considered a major health problem worldwide. WHO in 1993 declared tuberculosis as a global emergency<sup>3</sup>. The majority of tuberculous bacilli (95%) enter the body via the respiratory system.

Cervical and supraclavicular lymph nodes are the most affected sites after lung and pleura<sup>4</sup>. Tuberculosis can involve any part of the body. Otorhinolaryngological TB constitutes less than five per cent of all cases of extra pulmonary tuberculosis (EPTB)<sup>5</sup>. It can occur as single or in addition to pulmonary tuberculosis. Extrapulmonary tuberculosis is used to describe the occurrence of tuberculosis at the body sites other than lung. Tuberculosis of the external ear is uncommon, However, lupus vulgaris of the external ear has been reported<sup>6</sup>. Current recommendations for the treatment of tuberculosis include a 2-month initial phase of isoniazid, rifampin, pyrazinamide and ethambutol followed by a 6- to 12-month regimen of isoniazid and rifampin<sup>7</sup>.

### REFERENCES

1. Almani SA, Memon NM, Qureshi AF. Drug resistant tuberculosis in sindh. *J Coll Physicians Surg Pak* 2002;12(30):136-9.
2. Mehmood A. Multi-drug resistance tuberculosis. *J Pak Med Assoc* 2001;51:204-5.3. Mirza M, Sarwar M. Tuberculous injection abscess. *J Surg Pak*.2003; 8(4):37-8.
3. Aksel N, Tavusbay NA, Ozsoz A. Our cases with tuberculous lymphadenitis. *Arch Lung* 2005; 1: 30-3.
4. Sharma S.K, Mohan A. A Review Article, Extra Pulmonary tuberculosis. *Indian J Med Res* 120, October 2004, pp 316-353
5. Sachdeva OP, Kukreja SM, Mohan C. Lupus vulgaris of external ear. *Indian J Otolaryngol* 1978; 30 : 136-7.
6. Glassroth J: Diagnosis of tuberculosis. In Tuberculosis. A Comprehensive International Approach. Edited by: Reichman LB, Hershfeld ES, New York, Marcel Dekker; 1993:149-165, Center for Disease Control and Prevention: Treatment of Tuberculosis. *MMWR Morb Mortal Wkly Rep* 52(RR11):1-77, June 20, 2003.

