

Case Report

An Enlarged Left Supraclavicular Lymph Node (Virchow- Troisier's Node) In Peri-Ampullary Carcinoma Is Not Always Metastatic

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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 lymphadenitis which proved to be tuberculous, both patients treated successfully with isoniazid, rifampicin and pyrizinamide, no relapse of either malignancy or tuberculous lymphadenitis.

Keywords: tuberculosis, virchow, troisier, supraclavicular, periampullary, malignancy.

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 immune-modulating drugs. Much of the traditional learning about this disease is no longer true and tuberculosis has become a new entity.

Tuberculous lymphadenitis is the commonest from of extra-palmonary tuberculosis. Cervical lymph nodes 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 follow-up: an enlarged left supra-clavicular lymph nodes, in both patient malignant recurrence were primarily proposed but accurate diagnosis has been done and proved to be tuberculosis and helped in down staging the cancer and identifying, a curable disease and both successfully treated with anti-tuberculous 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.

1ST CASE REPORT

A 50-year-old Saudi male patient who is not known to have any medical illness was admitted to our hospital in Mars 2005 with history of right

hypochondria! pain and jaundice of 2months duration and weight loss of 3kg over the last 2months. He did not have history of arthralgia, anorexia, productive cough or expose to animal or other ill person. On Examination: His pulse was 76/min and temperature 36°C, 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/mm² with normal deferential count; hemoglobin 14.4 gm/dl; total protein 80 mg/Id, albumin 37 mg/dl; 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 revealed peri ampullary ulcer, biopsy from the ulcer revealed invasive moderately differentiated peri amillay 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 revealed necrotizing granulation which was consistent with tuberculosis, he received 4 anti-tuberculous drugs for 2 months and completed with 2 for 4 months until cured with no evidence of recurrence of any the disease.

2ND CASE REPORT

A 85 years-old gentile man who is known to have diabetes mellitus 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 cachectic chest, CV, and abdominal examination were normal. Laboratory investigation revealed a white cell count of 7600/mm² with normal deferential count; hemoglobin was 5.4 gm/dl; total protein 80 mg/dl, albumin mg/dl; 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 peri-ampullary ulcer, biopsy was taken showed peri-ampullary carcinoma, Whipple procedure was performed with no post-operative complication, few months later the patient developed left supra-clavicular lymph node enlargement, biopsy was taken and histology and AFB staining showed tuberculous lymphadenitis, the patient was started on anti-tuberculous treatment with marked improvement.

DISCUSSION

Peripheral lymphadenopathy without 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, malignancies were found in 48.5%, 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 esophagus [1]. Left supra-clavicular lymphadenopathy (Virchow- Troisier's node) suggests abdominal and pelvic malignancy [2]. Despite the close relationship between supra-clavicular adenopathy & malignancy 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 metastatic periampillary carcinoma for the first sight should be considered, other diagnosis such tuberculous lymphadenitis 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 T-

cell responses, 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 tuberculosis in spite 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.

Teaching point

Although a palpable left supra-clavicular lymph node evokes the diagnosis of Virchow-Troisier's node associated with resected abdominal malignancy, a physician should keep in mind the possible diagnosis of tuberculous lymphadenitis. Histological and microbiological examination is required to both establish the diagnosis and select the appropriate treatment.

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