January 2004

A young man with hoarseness of voice

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CASE REPORT

A YOUNG MAN WITH HOARSENESS OF VOICE

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A 45 year-old driver presented with a two months history of hoarseness, fever, productive cough, anorexia and weight loss. He chewed tobacco. He was previously seen and treated without benefit by a family Physician and two ear, nose and throat consultants. Crackles were heard in the left scapular region. An X-Ray of the chest showed a right apical cavity, perihilar infiltrates and blunting of left costophrenic angle. His sputum smear showed acid fast bacilli. A high index of suspicion for tuberculosis is recommended while dealing with such cases. Complete recovery of patient's voice with anti-tubercular therapy confirmed it was a case of laryngeal tuberculosis.

KEY WORDS: Tuberculosis, Laryngitis, Hoarseness.

INTRODUCTION

Laryngeal tuberculosis is usually a complication of pulmonary tuberculosis and physicians should consider tuberculosis in the differential diagnosis of laryngeal disease.[1,2] The age of presentation is between 41-50 years and consumption of tobacco is a risk factor.[3] It is mostly seen in smokers.[4] The predominant symptom is dysphonia.[3] An early diagnosis in cases of laryngeal tuberculosis is necessary, to prevent the spread of the disease in the community.

CASE REPORT

A 45 year-old driver presented with two months history of hoarseness of voice, productive cough, fever and weight loss. He was initially seen by a family physician in the community, who prescribed antibiotics but with no benefit. He was later evaluated by two different otorhinolaryngologists and was labeled as "functional hoarseness" when antihistamine they prescribed did not help him.

He experienced shortness of breath and stopped going to his job because of his difficulty in communicating with his colleagues due to hoarseness. He was a tobacco chewer, which he stopped during the course of the illness.

On examination he had a hoarse voice, a temperature of 38°C and a pulse of 100/minute. He had pharyngeal hyperemia but no glands were palpable in the neck.

Crepitations were heard in the left scapular region, with decreased air entry at the left lung base. Chest X-Ray (Figure-1) showed a cavity in the right apical area, infiltrates in the peri-hilar area and blunting of the left costo-phrenic angle. Sputum smear was positive for acid fast bacilli.

He was started on four drugs anti-tubercular therapy and his family was screened for tuberculosis. At two weeks follow-up visit, he was afebrile, his cough lessened in severity and became dry. His appetite improved and his body weight increased by four kilograms. In three months his voice became clear.

Even though a laryngeal biopsy with histo-pathological examination was not requested, being invasive and expensive, complete recovery of speech with anti-tubercular therapy, was taken as evidence in favor of a diagnosis of laryngeal tuberculosis.

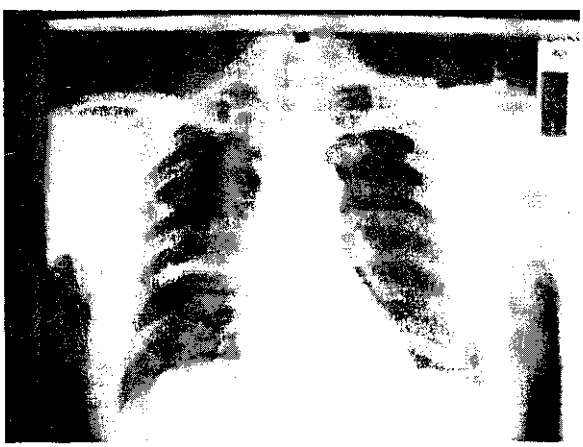

Figure-1: Chest X-Ray

DISCUSSION

Tuberculosis is a common disease in Pakistan.[5] A delay in diagnosis and subsequent treatment is not uncommon for tuberculosis since symptoms, physical examination, laboratory tests, imaging techniques and bacteriological results are often not very specific. However tuberculosis should be considered at an earlier stage among high risk groups, thereby minimizing delay in diagnosing tuberculosis on the part of the physician.[6]

In the United Kingdom, the interval between first being assessed by General Practitioner and starting anti-tuberculosis treatment, was found to be five weeks.[7] Such delays have potential health

hazards. There was an interval of eight weeks between the start of symptoms and the initiation of anti-tubercular therapy in our patient. Considering that he is a driver, a considerable number of people must have been exposed during the discharge of his professional duties. It was fortunate that his diabetic wife did not contract tuberculosis during this period. An earlier study[6] has found patient delays in reporting to Physicians for treatment in cases of Tuberculosis, but such was not the case with our patient even though it was missed by three doctors.

CONCLUSION

We must keep the probability of tuberculosis of the larynx in our differential diagnosis of cases presenting with hoarseness, especially if features suggestive of pulmonary tuberculosis are present.

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