Tuberculous cervical lymphadenitis. Not used for study.

PC-SPIRS 3.30 MEDLINE (R) 1/96-1/97

1 of 12
Marked Record

TI: [Cervical lymphatic tuberculosis in the 90's: a case report]
AU: Mengoli-P; Smiroldo-A; Vidi-I
AD: USL Valle dell'Adige, Ospedale Regionale S. Chiara, Trento, U.O. di Otorinolaringologia.
SO: Acta-Otorhinolaryngol-Ital. 1996 Apr; 16(2): 132-5
LA: ITALIAN; NON-ENGLISH
AB: The Authors report a clinical case of lymph nodal cervical TBC which led to a retropharyngeal abscess with ossifluent evolution towards the mediastinal region and with fistulation in the dorsal region. A thorough study was carried out on the diffusion of the liquid along the fascial plains of the prevertebral region of the neck and of the mediastinum. With the aid of radiologic tools (CAT scans in particular), and on the basis of topographical anatomy data Authors formulate an hypothesis concerning the mechanics that brought about such a downward development of the abscess. In our opinion this case may well be of interest for otolaryngologists from an epidemic point of view (there is a recrudescence often in atypical manifestations), and because of its surgical peculiarities.

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Marked Record

TI: [Infections with mycobacteria other than M. tuberculosis in children]
AU: Nielsen-VR; Paerregaard-A; Fuursted-K
AD: Hvidovre Hospital, borneafdelingen.
SO: Ugeskr-Laeger. 1996 Oct 21; 158(43): 6094-7
LA: DANISH; NON-ENGLISH
AB: We reviewed case records of 22 children who were diagnosed as having nontuberculous mycobacterial infection. All children were previously healthy. In 20 cases the infection presented as cervical lymphadenitis. The patients were between ten months and 14 years old, and two thirds were between 13 and 36 months old. The majority (74%) were girls. Mycobacterium avium/intracellulare was isolated most frequently (55%). The report describes the diagnosis and treatment of childhood mycobacterial cervical adenopathy. All patients except one were treated surgically. We found considerable differences in both preoperative and operative management. When excision of the lymph node (as opposed to needle biopsy) was performed, diagnosis could be made earlier and repeated surgical procedures could be avoided.

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Marked Record

TI: Lymphadenopathy in Nigerian children.
AU: Adelusola-KA; Oyelami-AO; Odesanmi-WO; Adeodu-OO
AD: Department of Morbid Anatomy and Forensic Medicine, Obafemi Awolowo University, Ile-Ife, Nigeria.
SO: West-Afr-J-Med. 1996 Apr-Jun; 15(2): 97-100
LA: ENGLISH
AB: The histopathologic findings on 121 excised enlarged lymph nodes from 48 female and 73 male Nigerian children resident in Ife-Ijesa zone of Western Nigeria over a period of ten years (1982-1991) form the basis of this study. Patients' ages ranged from 2 months to 15 years. Most of the patients (81%) were aged 6 years and above. The cervical region was the commonest site of lymphadenopathy (48%) and localized lymphadenopathy was the rule. Chronic

1994 is reviewed. Clinical diagnosis was supported by multiple Mantoux skin testing in most patients using human purified protein derivative (PPD) and avian antigens. All were treated surgically with histological confirmation of the diagnosis. A total of 89 patients were encountered. Twenty-two were seen in hospital practice between 1966 and 1976 and have already been reported. The current paper presents the results of analysis of the clinical features, diagnosis and surgical treatment of the remaining 67 patients seen in paediatric surgical practice between 1976 and 1994. RESULTS: There was equal sex distribution. Ages ranged from 1 to 10 years, with none under 1 year, and 82% of the patients were in the pre-school age group. Cervical lymph nodes were involved in all, the majority being jugulo-digastric or submandibular. Surgical excision by limited dissection of lymph nodes was performed in 55 patients with one recurrence, and by excision and curettage in eight patients with two recurrences. Simple bacterial wound infection occurred in four patients and two had prolonged postoperative suppuration as a result of mycobacterial wound infection. Paresis of the mandibular or cervical branch of the facial nerve occurred in 50% of patients where the nerve was at risk, but the majority of these recovered although it took over 6 months in some children. Culture for mycobacterial organisms was positive in only 29 patients. CONCLUSIONS: The diagnosis of non-tuberculous mycobacterial lymphadenitis is clinical and its early recognition requires an awareness of the condition. It can be confirmed by multiple Mantoux testing or fine needle aspiration biopsy. The treatment is local excision of the affected lymph nodes. Histological examination and mycobacterial culture should be performed.

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Marked Record

TI: Localized tuberculous lymphadenopathy associated with the myelodysplastic syndrome.
AU: Al-Attia-HM; Shanaa-ZA; Knox-Macaulay-HH
AD: Department of Internal Medicine, Mafraq Hospital, Abu Dhabi, UAE.
SO: South-Med-J. 1996 Mar; 89(3): 319-20
LA: ENGLISH
AB: A 46-year-old man with fever and pancytopenia was found to have a myelodysplastic syndrome. During the course of the illness, he had localized cervical tuberculous lymphadenitis. We believe this association of the myelodysplastic syndrome with localized tuberculosis has not been previously described.

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Marked Record

TI: Epidemiology of Mycobacterium bovis infection in animals and humans, with particular reference to Africa.
AU: Cosivi-O; Meslin-FX; Daborn-CJ; Grange-JM
AD: Division of Communicable Diseases, World Health Organisation, Geneva, Switzerland.
SO: Rev-Sci-Tech. 1995 Sep; 14(3): 733-46
LA: ENGLISH
AB: The epidemiology of Mycobacterium bovis infection in animals and humans is described, together with a review of available reports on the distribution and prevalence of this mycobacteriosis in Africa. The significance of these reports is considered, with particular emphasis on the potential zoonotic importance of bovine tuberculosis as a cause for public health concern in Africa. Published data describing tuberculosis in Europe in the 1930s and 1940s show that bovine tuberculosis was considered to be a significant zoonosis: M. bovis was responsible for more than 50% of cervical lymphadenitis cases in children. Despite the paucity of information on M. bovis infection in Africa, there is sufficient evidence to suggest that it is widely distributed and is found at significantly high prevalence in some populations of animals. Some epidemiological conditions for the spread of M. bovis infection between animals and humans are very similar in Africa today to those in Europe in the 1930s,

with the added and potent impact of the epidemic of human immunodeficiency virus infection. The public health threat of tuberculosis in Africa requires urgent investigation through collaborative veterinary/medical research programmes.