Tuberculous adenitis

- Most commonly affects children or young adults, but can occur at any age.
- The deep upper cervical nodes are most commonly affected.
- In most cases, the tubercular bacilli gain entrance through the tonsil of the corresponding side as the lymphadenopathy.
- Both bovine and human tuberculosis may be responsible.
- As renal and pulmonary tuberculosis occasionally coexist, the urine should be examined carefully.
- Rarely, the patient may develop a natural resistance to the infection and the nodes may be detected at a later date as evidenced by calcification on radiography.
- Can also be seen after appropriate general treatment of tuberculosis adenitis.
- If treatment is not instituted, the caseated node may liquefy and break down with the formation of a cold abscess in the neck.
- The pus is initially confined by the deep cervical fascia, but after weeks or months, this may become eroded at one point and the pus flows through the small opening into the space beneath the superficial fascia.
- The process has now reached the well-known stage of a ‘collar-stud’ abscess. The superficial abscess enlarges steadily and, unless suitably treated, a discharging sinus results.

Treatment

- Appropriate chemotherapy, dependent on the sensitivities derived from the abscess contents.
- If an abscess fails to resolve despite appropriate chemotherapy and general measures, occasionally excision of the abscess wall and its surrounding fibrous capsule is necessary, together with the relevant lymph nodes.
- The nodes are commonly related to the internal jugular vein, common carotid and vagus nerve, and are usually associated with significant fibrosis making surgery difficult.
- A portion of the internal jugular vein may require excision, taking considerable care to avoid damage to the vagus or the cervical sympathetic trunk.
- To facilitate access, the sternocleidomastoid muscle should be divided, particularly if the disease is adjacent to the spinal accessory nerve or the hypoglossal nerve.
- The resected nodes should be sent for both histology and microbiology.