

Editorial

Tuberculosis of the lymph glands in neck and elsewhere in the body is not always easy to treat compared to pulmonary tuberculosis. Why?

Many clinicians will remember embarrassing moments, when a patient having enlarged cervical lymph glands in neck who is on AKT drugs, comes back with any of the following complaints

1. Glands have increased in size
2. Have formed into cold abscess
3. New glands have appeared.

Why does tuberculosis of the lymph gland behave like this? The fact is that we do not know. This lack of knowledge about the disease will continue till we can isolate tuberculous bacilli from the gland and find out whether they are MTC (Mycobacterium tuberculosis complex) or NTM (Non tuberculous mycobacterium). There are as many as 40 types of NTM, which do not respond to common AKT drugs.

In this issue, VP Torane *et al* from TNMC and BYL Nair Hospital, Mumbai, on page 465, discuss their findings of FNAC, microscopy and culture aspirates of clinically suspected tuberculous lymphadenitis. It is interesting to note that they isolated three cases in whom atypical mycobacteria were grown; these were *M. chelonae*, *M. fortuitum* and *scotochromogen*. The only NTM, which is at the moment treatable, is *Mycobacterium Avium intracellulare*, which responds to combination of Clarithromycin and Rifabutin, with or without Ethambutol.

Even amongst patients having mycobacterium tuberculosis complex (MTC) grown, the organisms could be *Mycobacterium bovis*, which has been described by many authorities as the 'cause' of tuberculous lymphadenitis of the neck in UK.

In conclusion, the physicians must realize that only if every case of suspected tuberculous lymphadenitis is studied by FNAC, microscopy and culture for AFB, shall we have large data for research and be in a position to find some answer as to why the disease does not respond to usual drugs in some patients and why some of the glands increase in size, or form a cold abscess or new glands appear during treatment.