

SCROFULA 1965
or
"THE KINGS" EVIL RECONSIDERED

GRAND ROUNDS

MAY 27, 1965

The patient is a 3½ year old white female brought to clinic by her mother with a statement that she has a knot in her neck.

This condition began about four weeks ago in association with sore throat accompanied by a temperature of about 100° to 101° for two or three days. The family physician administered three shots of penicillin and temperature became normal. His examination revealed catarrhal otitis media.

A lump was present at the angle of the jaw at this time but was not prominent. Over the intervening weeks this lump has enlarged, but the child has remained well and active with no loss of appetite or evidence of illness. The swelling has not seemed to be painful, the sore throat has not recurred, and there has been no further problem with ear infection.

The child is being brought in by reference of the family physician because he suspects tuberculosis.

PAST HISTORY: This is a second child of a second pregnancy of a 28 year old mother. No abnormalities were associated with pregnancy or delivery and the family physician has been well pleased with the child's growth and development. He has followed usual immunization procedures.

FAMILY HISTORY: Both parents are quite healthy as is the older sibling. All four grandparents are alive and well. Neither maternal nor paternal family is aware of any familial disease.

CONTACT HISTORY: The child was born in a Dallas Hospital and was discharged home on the third day of life. There have been no baby-sitters or help about the house except the maternal grandmother. Family visiting is frequent with grandparents and maternal siblings. All adults have had X-rays without any evidence of tuberculosis. The child has never been left in a day or church nursery, nor has she been taken outside of Dallas County.

SOCIAL AND ENVIRONMENTAL HISTORY: The family has lived for five years in a brick veneer, 3-bedroom, 2-bath, house in a recently developed addition. They have all public utilities.

Milk is purchased at a grocery and there has been no particular choice among distributors. The patient has drunk two or three 8 oz. glasses daily and was placed on regular packaged milk when she was 8 months old.

PHYSICAL EXAMINATION: The patient is a well-developed, well-nourished and vigorous young child who does not appear ill. The only significant finding on physical examination is a firm, non-tender mass at the angle of the left mandible. The overlying skin is slightly injected but is not attached to the mass. The mass itself is not movable, possibly attached to deep tissues or anchored by its relation to the ramus of the mandible. This mass seems to be lobulated slightly and is thought to represent one or more adherent nodes. No other nodes are palpable on the other side of the neck, in the posterior triangles, the supraclavicular fossae or elsewhere in the body.

The tympanic membrane on the same side is retracted but no perforation can be seen.

Tonsils are larger than expected and the palatal folds are definitely erythematous, but no membrane is visible.

The remainder of the physical examination is non-contributory.

X-RAY: PA and left lateral of the chest reveal no evidence of disease of lungs, pleura or mediastinum. No calcification can be discerned. The heart and great vessels are normal in size, shape and position.

LABORATORY: Hgb. 12.6, WBC 7,600, P45, L55%. Urinalysis neg.

SKIN TESTS: Histoplasmin 1-100 and coccidioidin 1:100 are negative at 48 hours. Old Tuberculin 1-1000 results in 6 mm. induration at 72 hours. Atypical antigens reacted as shown.

COURSE IN HOSPITAL: On the basis of lack of contact with human tuberculosis, a normal chest film, the specific location of the mass, and the type of skin reactions a diagnosis of tuberculosis of cervical nodes caused by atypical Mycobacterium was made.

On the fourth hospital day the mass was excised. At surgery it was found to consist of three lymph nodes adherent to each other and to underlying muscle and fascia. On gross section portions of these nodes were found to contain yellowish areas and at one site a considerable portion of the node was replaced by liquid pus.

PATHOLOGY: Stained sections reveal caseating granulomas with prominence of polymorphonuclears in zones surrounding the granulomas. Special stains reveal the presence of AFB in some of the sections.

CULTURE: At the end of 14 days a fairly heavy growth of yellow-orange colonies which are acid fast. No other organisms isolated.

MEDICAL GRAND ROUNDS

PARKLAND MEMORIAL HOSPITAL
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