RARE CASE OF COMBINATION OF WARTHIN TUMOUR WITH TUBERCULOSIS IN PAROTID GLAND.

Afra Samad¹, Namra Mahmood², Arbaz Samad³

ABSTRACT... We are reporting a case of tuberculosis within warthin tumour of left parotid area in a 72 years old male with findings of benign tumour with acute and chronic inflammation on FNA (Fine Needle Aspiration). Warthin tumour is a benign tumours of the salivary gland particularly parotid region. It is the second most common benign tumour. In addition the tuberculosis in a parotid gland is very rare. Further having tuberculosis within warthin tumour is quite rare.¹ To best of our knowledge there is the only few cases which are being reported.

Key words: Parotid Gland, Tuberculosis (T.B), Warthin Tumour (WT).

INTRODUCTION
Warthin tumour is the second most benign tumour of parotid region. The other name of it is papillary cystadenoma lymphomatosum. It usually presents in 5th & 6th decade as round oval masses in the salivary gland. Most of the patients are smokers.² Microscopically it is composed of double layer of epithelial cells resting on dense lymphoid stroma with multiple germinal centers. Because of lymphoid tissue lymph node related pathology like lymphoma T.B and metastatic tumour can be develop.³ To best of our knowledge only few cases are reported in literature with T.B with warthin tumour of parotid.⁴

Case Presentation
We are reporting a case of 72 years old smoker male having left parotid swelling for last 30 years with recent skin ulceration with pussy and blood discharge. On fine needle aspiration (FNA) the features are suggestive of benign tumour with acute and chronic inflammation (Figure-1). Open biopsy of left parotid lesion was done. Gross examination showed two pieces of gray white tissue each measuring 0.7x0.6x0.5cm and 1.0x0.8x0.7cm.

Both tissues are passed entirely in two blocks.

On microscopic examination there was glandular structures lined by large oncocytic cells. These glands contained secretions. Lymphoid cells are seen between the glands but only single follicle without germinal center is noted. Also seen were multiple granulomata composed of lymphocytes, neutrophils, epithelioid cells and good number of multinucleated giant cells. The histological features are suggestive of tuberculosis within warthin tumour (Figure-2).

![Figure-1. SMEARS of FNA show cluster of epithelial cells along with chronic inflammatory cells (100x)](image)
DISCUSSION
This is a case of rare presentation of tuberculosis with in the warthin tumour of parotid gland. There are multiple lesion which can occur in parotid like sialolithiasis, sialadenitis and tumours both benign and malignant.\(^5\) WT is the second most common benign tumour of salivary gland. The diagnosis of T.B is difficult as it mimics with inflammatory conditions. Also it is very rare to have T.B in the parotid gland, only about 2.5-10% of all parotid lesions.\(^6\)

Overall morbidity due to extra pulmonary T.B is only about 25%.\(^7\) Diagnosis of T.B in parotid gland on FNA cytology is quite difficult to diagnosis and to differentiate it from tumour. Most cases are diagnosed on histopathology of biopsy.\(^1\)

CONCLUSION
This case report points out the although T.B is rare in parotid area along with tumour especially warthin Tumour but it still exists.

Conflicts of Interest
No potential conflict of interest relevant to this article was reported.

Copyright© 19 July, 2019.

REFERENCES
# AUTHORSHIP AND CONTRIBUTION DECLARATION

<table>
<thead>
<tr>
<th>Sr. #</th>
<th>Author(s) Full Name</th>
<th>Contribution to the paper</th>
<th>Author(s) Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Afra Samad</td>
<td>1st Author</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Namra Mahmood</td>
<td>2nd Author</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Arbaz Samad</td>
<td>3rd Author</td>
<td></td>
</tr>
</tbody>
</table>