

A Clinical Study of Cervical Lymphadenitis in Hiv Patients

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Abstract

Cervical lymphadenopathy is a common clinical condition. A study was conducted to evaluate the incidence in HIV patients. 54% of the cervical lymphadenopathy was due to Koch's lesion. 11% of the Koch's lymphadenitis patients were found to be HIV positive.

Key words: Cervical Lymphadenitis; Koch's Lymphadenitis; HIV Positive.

Introduction

Neck swelling is one of the common symptoms we see in surgical opd. cervical lymphadenitis is a major problem of which majority could be due to TB in our country, Other conditions like secondaries in neck, lymphoma and in patients with HIV positive are rare. The age, sex incidence and investigations to confirm the diagnosis were studied. Tuberculosis cervical lymphadenitis being the commonest, their associations with pulmonary tuberculosis and HIV status were studied.

Material and Methods

100 case of cervical lymphadenopathy were studied with neck swelling excluding thyroid swelling... Male, female ratio was also noted. Symptoms in addition to the swelling were also recorded,. Unilateral, Bilateral and groups of lymph nodes involved were also studied. After confirming

the diagnosis patients were managed accordingly. Most of them are symptom free. Non specific lymphadenitis patients were given broad spectrum antibiotic for a week and followed up.

Observations and Results

Out of 100 cases 54% of them are clear Tuberculous lymphadenitis and 46% are non specific lymphadenitis. 90% of them are below the age of 40 years. 57 cases were females and 43 cases were males. 60% of Koch's lymphadenitis patients gave history of constitutional symptom (Fever, loss of weight and appetite) where as only 30% of non specific lymph nodes have these symptoms. 8% of people had history of exposure. Upper deep cervical lymph nodes. Level II were involved in both specific and non specific lymphadenitis, followed by level V posterior triangle lymph nodes. Unilateral involvement is more common in both specific (98%) and non specific lymphadenitis (87%). Right sided involvement was more (59%) in specific on (52%) in Non specific lymphadenitis. 11% of specific lymphadenitis were HIV positive and 2% of non specific lymphadenitis were HIV positive. FNAC is sensitive and specific in diagnosis of tuberculosis cervical lymphadenitis. Excision biopsy was done only in 10 cases where FNAC was in conclusive.

Dots treatment was given for all the specific lymphadenitis patients and they were followed up for 6 months. All most all them were relieved of constitutional symptoms, improved their appetite and size of the swelling decrease in 60% cases and disappeared in 40% cases in 6 months and non specific lymphadenitis was treated by 10 days broad spectrum antibiotic and counseled and assured. All patients with HIV positive were treated with zidovudine as per regimen after recording basal cd4 count levels.

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Discussion

Cervical lymphadenitis is one of the presentations with neck swellings to the surgical OPD's. Females are more affected than males. 50% of neck masses are found to be tuberculosis. This could be confirmed by FNAC. Rarely it is needed to open or excision biopsy. Commonest lymph node involved was upper deep cervical lymph nodes. Different stages of tuberculosis lymphadenitis were presented but mostly they are in Matting and cold abscess stages. Even though cervical Koch's is Lymphadenitis is primary. Cervical lymphadenitis was found to be HIV positive, in comparison with 2% in Non specific lymphadenitis patients. TB is more common in HIV patients are also revealed in our study. Dots regimes taken properly can cure the Koch's lymphadenitis. Whereas nonspecific lymphadenitis needs only reassurance. Follow up of these patient revealed very good results.

Conclusion

Tuberculosis is an important disease, one of the commonest disease affecting lymph nodes, it is curable with antituberculous drugs if administered as per the accepted regimen. HIV positive patients can also present with cervical lymphadenitis or with constitutional symptoms mimicking TB. FNAC can be deemed as a frontline investigation. However,

histopathological examination remains the most dependable diagnostic tool. Most of the diseases are medically curable with limited role for surgery in non-neoplastic lesions. Cervical Lymphadenopathy is an important disease, commonly seen in surgical OP and always calls for meticulous attention. With definitive assessment and evaluation it can be managed effectively.

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