Tuberculosis of Tonsils and Cervical Lymph Nodes

BY

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Tuberculous cervical adenitis is one of the most ancient of known diseases. The first references to the condition were made by the ancient Greeks in 400 B.C. Later, in the 5th Century, it was known as Scrofula or King’s evil, because Clovis, the King of France, applied the miraculous “King’s touch” as a God-given healing power to millions of sufferers from the disease, many died trying to touch the king’s hand. In 1042, Edward, the Confessor, introduced this practice into England, where it continued through the centuries until Queen Ann used it unsuccessfully on Samuel Johnson in 1700. The true nature of the disease was revealed in 1885 when Robert Koch demonstrated the presence of tubercle bacilli in affected lymph nodes.

Tonsillar tuberculosis was also recognized before the isolation of tubercle bacilli. In 1879, Orth, one of the earliest workers in the field, produced lesions in the tonsils and cervical lymph nodes in rabbits by feeding them on tuberculous tissue. It remained for Trautman, in 1886, to first raise the question of relationship between tonsils and tuberculosis. Further experimental work continued and in 1905, G. B. Wood (1) infected hog’s tonsils by swabbing them with cultures of tubercle bacilli. He successfully demonstrated the presence of tubercles in the tonsils as well as in some of the cervical lymph nodes. He, therefore, proved that the tonsils may act as a portal of entry for tubercle bacilli and also result in tuberculous cervical adenitis.

Later, Levy (2), in 1910, Crowe, Watkins and Rotholz (3), in 1917, and Weller (4), in 1921, showed histological evidence of tuberculosis in about 50 percent of the tonsils removed from patients with tuberculous cervical adenitis. Sewall (5) (1922),
Mullin (6) (1923), and Thompson (7) (1936), working independently, confirmed these findings. The largest series in recent years was reported from Germany by G. E. Stiefel (8) (1953). In a study of 9294 pairs of tonsils removed from patients with cervical adenitis he found, on the basis of histological findings, 36.4 percent positive tuberculous tonsils in which tuberculous cervical adenitis was also present.

Many workers such as Strausman (9), Wood (1), Mullin (6), and others are of an entirely different opinion and deny all clinical importance to tonsillar tuberculosis. Bernstein (10) (1946) also holds similar views and according to him clinical tonsillar tuberculosis is very rare and almost never seen although the percentage of cases showing latent tuberculosis of the tonsils is high and only discovered by histological examination. More recently Schless and Wier (11) have reported that it is doubtful if tonsils act as a portal of entry for tubercle bacilli in patients with tuberculous cervical adenitis. They found only one positive tonsillar involvement in a study of 120 patients with tuberculous cervical adenitis.

The present study is an attempt to clarify some of the controversy in the relation of tonsils to the pathogenesis of tuberculous cervical adenitis. Some of the large number of these patients who sought medical aid at the Out-Patient's Department of the Lady Hardinge Medical College Hospital for Women and Children in New Delhi, India, were the basis for this study.

**PROCEDURE**

This study is based on a series of 120 patients, selected at random on whom tonsillectomy and adenoidectomy was performed. One hundred and ten of these, (91.6%), had cervical lymphadenopathy. Thirty-five of the 110 were proven to be tuberculous cervical adenitis on the basis of histopathological examination of sectioned and stained lymph nodes and, in some instances, by examination of stained smears. The remaining 75 formed a control series of non-tuberculous cervical adenitis.