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Tuberculosis of the thyroid gland: A case report

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This case is set at a clinical division of a tertiary hospital and aims to present a case of tuberculosis of the thyroid gland in patients with the same profile as our patient and to discuss the diagnostic modalities and treatment for patients with the said disease. Patient is a 55-year old female who presented with a 1 year history of a gradually enlarging left lateral neck mass accompanied by cough, hoarseness, weight loss and intermittent fever. Tuberculosis work-up was negative and was ruled out. Nasal endoscopy revealed nasopharyngeal mass. Ultrasound of the neck was consistent with an evolving follicular neoplasm and fine needle aspiration biopsy was inconclusive. Due to risk factors in the patient, total thyroidectomy with bilateral selective neck dissection and nasopharyngeal biopsy were done. Final histopathology results were consistent with a tuberculous process. Patient was then started on anti-Koch's regimen. Few have been available in current literature regarding the incidence of tuberculosis in the thyroid gland. According to these reports, diagnosis was often made post-operatively or postmortem. Some advocate the use of ancillary procedures such as ultrasound and CT scan to aid in the diagnosis. Repeated aspirations with bacteriological studies and staining methods can be recommended to avert a more radical management. A course of anti-Koch's regimen would suffice to treat this disease masquerader.

Biography

Persia D Dadgardoust graduated with a Bachelor of Science degree in Medical Technology in 2007 from the University of Santo Tomas and is likewise a registered Medical Technologist in her country, the Philippines. She graduated from Medicine from the same institution in 2011 and is currently an Otorhinolaryngologist-Head and Neck Surgery resident at the University of Santo Tomas Hospital. Her interests include Otology/Neuro-Otology, Audiology and Head and Neck diseases.

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