Late-occurring Paradoxical Reaction Masquerading as Treatment Failure for Tuberculous Adenitis

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A 74-year-old previously healthy woman was diagnosed with tuberculous adenitis based on the findings of a right cervical lymph node biopsy. Following the initiation of antituberculous therapy [Picture A: pretreatment, Picture B and E: six months after treatment (AT), Picture C and F: eight months AT, Picture D: 12 months AT], cervical lymphadenopathic lesions of various sizes progressed, and thereafter spontaneously regressed over a period of two years. On cervical computed tomography, the lymphadenopathic lesions were identified to be ring-enhanced nodular lesions with a necrotic component. Indeed, the lymphadenopathic lesions were found to be comprised of fluid with debris on needle aspiration. In addition, the lesions were negative-culture for *M. tuberculosis* but positive for acid-fast staining (Gafky No. 3) at six months AT only (Picture B-1 and E arrow). Paradoxical reactions are characterized by the enlargement of preexisting or new lymph nodes and generally appear in the first three months after treatment (1). However, a previous report (2) showed that such reactions can occur in patients with tuberculous adenitis both during and even at the completion of long-term (18-month) chemotherapy without indicating a failure of treatment or relapse, as observed in the present case.

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References