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## 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 5<sup>th</sup> & 6<sup>th</sup> decade as round oval masses in the salivary gland. Most of the patients are smokers.<sup>2</sup> 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.<sup>3</sup> To best of our knowledge only few cases are reported in literature with T.B with warthin tumour of parotid.<sup>4</sup>

## 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.

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

Afra Samad<sup>1</sup>, Namra Mahmood<sup>2</sup>, Arbaz Samad<sup>3</sup>

**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.<sup>1</sup> 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).

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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).

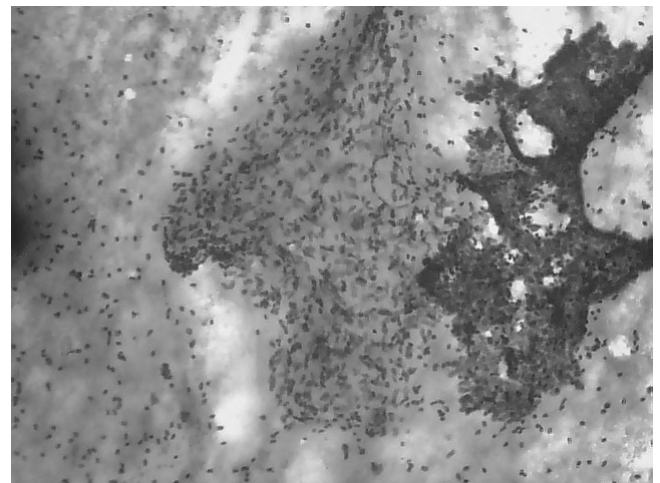
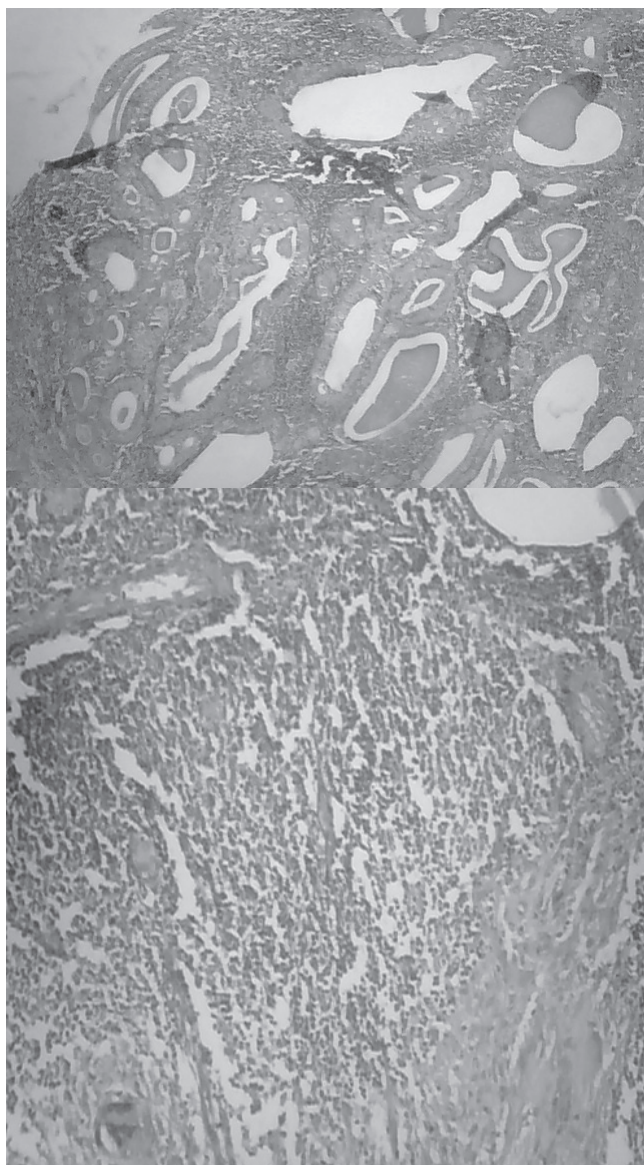


Figure-1. SMEARS of FNA show cluster of epithelial cells along with chronic inflammatory cells (100x)



**Figure-2. Microscopic appearance of warthin's tumour along with tuberculous granuloma on biopsy slides (100X)**

## DISCUSSION

This is a case of rare presentation of tuberculosis within the Warthin tumour of the parotid gland. There are multiple lesions which can occur in the parotid gland, such as sialolithiasis, sialadenitis, and tumours, both benign and malignant.<sup>5</sup> WT is the second most common benign tumour of the salivary gland. The diagnosis of T.B is difficult as it mimics inflammatory

conditions. Also, it is very rare to have T.B in the parotid gland, only about 2.5-10% of all parotid lesions.<sup>6</sup>

Overall morbidity due to extra-pulmonary T.B is only about 25%.<sup>7</sup> Diagnosis of T.B in the parotid gland on FNA cytology is quite difficult to diagnose and to differentiate it from a tumour. Most cases are diagnosed on histopathology of a biopsy.<sup>1</sup>

## CONCLUSION

This case report points out that although T.B is rare in the parotid area along with a tumour, especially Warthin's tumour, it still exists.

## Conflicts of Interest

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

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