

Lymphadenopathy Misdiagnosed!

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Received on July 19, 2023; Accepted on August 4, 2023

QUESTION

A 55-year-old man presented with multiple, red, painful, nodular lesions on bilateral upper and lower limbs, trunk, and face for the past 12 days. Examination revealed generalized lymphadenopathy involving the right axilla, bilateral preauricular and bilateral supraclavicular regions. The patient denied any history of fever, loss of weight, cough, breathlessness, or hemoptysis. Fine needle aspiration cytology (FNAC) of the right supraclavicular lymph node and the left post-auricular lymph node

revealed numerous foamy macrophages and neutrophils as well as few lymphocytes; no granulomas or necrosis was seen (**Fig. 1**). Based on the FNAC findings, a provisional diagnosis of tuberculous lymphadenitis was made. However, the patient failed to respond to anti-tuberculous therapy and was referred to our hospital. A repeat examination of the patient also revealed thickening of the bilateral ulnar nerves and the common peroneal nerves. There was a loss of sensation over the lateral side of the right thigh. What is the likely diagnosis? What additional tests are recommended to clinch the diagnosis?

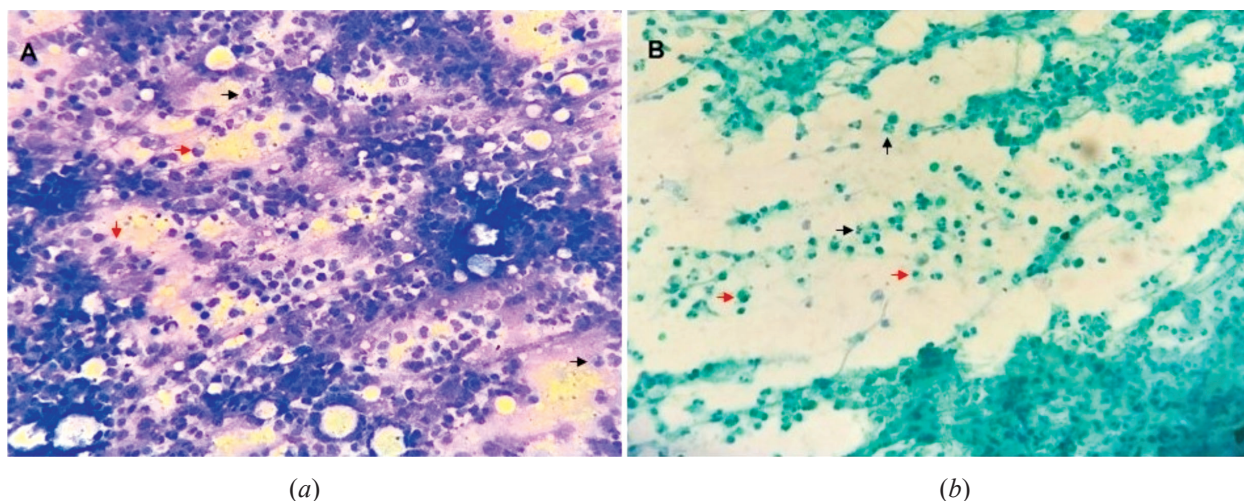


Fig. 1 Cytological smears show numerous foamy macrophages (red arrows) and neutrophils (black arrows) as well as few lymphocytes (Fig. 1A Giemsa stain 200X; Fig. 1B Papanicolaou stain 200X).

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