CASE REPORT

FILARIASIS PRESENTING AS GENERALISED LYMPHADENOPATHY: A RARE CASE REPORT

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ABSTRACT
Filariasis is endemic worldwide in the tropical areas. It is not uncommon in India. It is commonly presents as lymphadenopathy limited to groin and femoral triangle or as filarial lymphoedema of lower limbs but presenting features as generalized lymphadenopathy is very rare. Conventional diagnostic procedures include the demonstration of microfilaria in the blood smears but in our case it was diagnosed even in FNAC and confirmed with excision biopsy of lymph node. Microfilaria may be missed if you are not aware of the possibility, particularly in cases where tissue eosinophilia is absent. The purpose of this paper is to aware surgeons to keep in mind the rare differential diagnosis of this uncommon entity while treating a case of generalised lymphadenopathy.

KEY-WORDS: Filariasis; Generalized Lymphadenopathy

Introduction

Filariasis is a parasitic infestation characterized by a parasite Wuchereria bancrofti.[1] It has head, body and tail.[2] In India, Asian countries and china they show nocturnal periodicity due to night biting habits of the vector, culex fatigans mosquito and sleeping habits of the host.[3] Man is the definitive host; animal or reservoir host is not known. Femal mosquito is the intermediate host. Development or multplication of microfilaria will never occur in human blood.[4]

In human being, it causes recurrent lymphangitis which causes obliteration of lymph vessels.[5] It usually involves lymph nodes of groin region or as filarial lymphodema of lower limbs but presenting features as generalized lymphadenopathy is very rare as in our case which is described below.

Case Report

A 10-year-old male child presented with painless swelling in both groins, axilla and in right supraclavicular region for 2-3 months not associated with fever, pain, trauma, weight loss, cough, cold, vomiting, and abdominal pain. Swelling was increased in size progressively and persistently initially from marble size to lemon size at the time of presentation. No significant past history and family history.

On examination there were multiple lymphadenopathies in above mentioned areas with size ranging from 3x2 to 4x3 cm in size, with smooth surface, well defined margin, soft in consistency with normal overlaying skin.

Patient undergone routine investigations such as complete blood and peripheral smear examinations, x-ray chest which were normal. Ultrasonography revealed multiple lymphadenopathy in periaortic region with normal spleen. Fine needle aspiration cytology from right axilla, left groin and right supraclavicular lymph nodes suggested eosinophilia with microfilarial infestation.

Patient underwent excision biopsy of the left groin lymph node which confirmed the diagnosis. So, diethyl carbamazine was started.

Discussion

Lymphatic filariasis is a major health problem in India with most infections caused by Wuchereria bancrofti.[5] Filariasis is an important cause of disability, both because of its social stigma and because of psychosocial damage and economic losses. The disease is ranked by the World Health Organization (WHO) as the second leading cause of permanent and long-term disability, and has been targeted for elimination by 2020.[6] In lifecycle of Wuchereria bancrofti, man is a definitive host and culex mosquito is an intermediate host.[7] Pathogenesis of lymph scrotum is not well understood. The parasite-induced lymphatic remodelling and lymphangiogenesis may be the prelude towards developing chronic and irreversible filarial pathology.[8] Lesions usually occurs due to the permanent damage to the lymph vessels. It can cause lymphadenopathy of groin or femoral region or can cause filarial lymphoedema of lower limb but as in our case it can also be presented as generalized lymphadenopathy.

The laboratory tests[9] to diagnose are following: (1) Demonstration of microfilariae in the peripheral blood; (2) Immuno Chromatographic Test (ICT); (3) Quantitative Blood Count (QBC); (4) Ultrasonography; (5) Lymphoscintigraphy. In our case it was diagnosed with FNAC sample which made us surprised so we decided to confirm our diagnosis by excision biopsy which also showed the same findings. So after having final diagnosis of filariasis patient was treated with diethylcarbamazine which responded well and so we are in no need of any surgical intervention.

Conclusion

Filariasis is a disease of local lymphadenopathy but generalized involvement may be possible which should be kept in mind as a surgeon while treating a case of generalized lymphadenopathy.

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