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Database: Ovid MEDLINE(R) In-Process & Other Non-Indexed Citations and Ovid MEDLINE(R) <1946 to Present>
Search Strategy:
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1 exp *Tuberculosis/ or exp *Tuberculosis, Oral/(141220)
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3 tubercul$.ti. (138863)
4 limit 3 to (english language and dentistry journals)(220)
5 2 or 4 (276)
6 limit 5 to (letter or comment or editorial or news)(21)
7 5 not 6 (255)
8 from 8 keep 1-20 (20)

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<1>
Unique Identifier
24534648
Status
MEDLINE
Authors
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Title
Tuberculosis of the temporomandibular joint. [Review]
Source
Abstract
INTRODUCTION: Extrapulmonary and extra-spinal tuberculosis (TB) is rare, even in countries where the disease is endemic. Ten percent of these localizations are cervico-facial. Involvement of the temporomandibular joint (TMJ) is very unusual. We present the features of such a case.

REVIEW: We looked for patients managed for TMJ TB in 2 Maxillofacial Surgery departments and in 1 Pneumology & Phthisiology Department since 1992. The second part of the study was a literature review. One case was found in our departments and 15 other cases were found in published data. Most patients were women with mean age of 39.9 years (5 to 68). Pre-auricular swelling was the predominant functional sign, often without fever or change in the health status. The biological and radiological abnormalities were non-specific (osteolysis, joint pinching, etc.). No lung involvement was observed. The joint recovered its normal function after appropriate management.

DISCUSSION: Tuberculosis of the TMJ is difficult to diagnose given its rarity and the non-specific nature of clinical and paraclinical signs. It must be considered in the differential diagnosis for common diseases of the TMJ whether TB is endemic or not.

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Unique Identifier
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Authors
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Institution
Garg, A K. Department of Conservative Dentistry and Endodontics, Modern Dental College and Research Centre, Indore, India.
Title
Coincidental diagnosis of tuberculous lymphadenitis: a case report. [Review]
Source
Local Messages
THIS JOURNAL IS AVAILABLE IN THE BDA LIBRARY
Abstract
The aim of this case report was to present a case of multiple calcified tuberculous lymph nodes found on a panoramic radiograph coincidently diagnosed in an endodontic clinic. A detailed discussion on the differential diagnosis of similar such calcification found in the same region is also presented. A 14-year-old girl was referred to our department with the complaint of painless swelling in the left side of the lower jaw. Clinical and radiographical examinations were performed, leading to the initial diagnosis of chronic periapical abscess. The patient's medical history was re-evaluated. Advanced imaging and excisional biopsy were performed in order to confirm the final diagnosis. Regarding the presenting signs and symptoms of bilateral carious mandibular molars, a periapical inflammatory process was considered in the provisional diagnosis. A thorough examination and investigations were suggestive of cervical tuberculous lymphadenitis (scrofula), and the patient underwent excision of the same. The clinician should consider the possibility of chronic granulomatous inflammatory lesions in the differential diagnosis of radiopaque lesions. Copyright 2014 Australian Dental Association.
Publication Type
Case Reports. Journal Article. Review.
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20140527
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2014

Park, Hye Jeong; Kim, Bong Chul; Choi, Eun-Joo; Samayo, Sara Rebeca Kang; Kim, Hyung-Jun.
Title
Tuberculosis of the temporomandibular joint: a case of misdiagnosis.
Source
Abstract
Tuberculosis (TB), an infectious disease caused by Mycobacterium tuberculosis, continues to be a major health problem worldwide. Primary TB infection is mostly pulmonary, but it may also occur in the lymph nodes, abdomen, skin, meninges, joints, and central nervous system. TB in the head and neck region usually occurs in the cervical lymph nodes, but is extremely rare in the temporomandibular joint (TMJ). This rarity increases the risk for not considering TB in the differential diagnosis of patients presenting with TMJ pain. This article describes an unusual case of a 53-year-old man with painful swelling in the right preauricular area accompanied by difficulty in mouth opening. After surgical exploration, histopathologic findings revealed TB in the TMJ. The findings of this case highlight the importance of considering TB in the differential diagnosis of TMJ pain, especially for patients from endemic areas, patients who have lived or visited those areas, or patients with a preauricular swelling in the TMJ area.
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**Tuberculosis** – Latest 20 Articles

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**Title:** Tuberculous osteomyelitis of the mandible with diffuse swelling of the floor of the mouth: a case report.

Primary orofacial tuberculosis (TB) is uncommon, especially with regard to the jaw. We report an unusual case for which the final diagnosis was tuberculous osteomyelitis of the mandible with cervical tuberculous lymphadenitis. The follow-up examinations for our patient showed complete regression of the swelling and healing of the mandibular lesion after 4 months of TB antibiotic therapy. The purpose of the present study was to alert clinicians to our findings and encourage them to consider oral TB in the differential diagnosis for jaw lesions with multiple enlarged cervical lymph nodes.

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**Title:** An update on granulomatous diseases of the oral tissues. [Review]

With new insights into the pathogenesis of specific granulomatous diseases, and with the advent of high-throughput genetic screening and availability of next-generation biological therapies, clinicians have several options at their disposal to help ensure accurate diagnosis and effective treatment. This article highlights some of the current knowledge about the more common granulomatous systemic diseases that may be encountered in clinical practice.

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**Title:** Tuberculous osteomyelitis of zygoma: an unusual location.

A rare case of tuberculous osteomyelitis of the zygoma is presented. The patient was a 46-year-old man with a 1-month history of oral pain and swelling. The oral pathology involved a 2×2 cm region of the right maxillary antrum and zygomatic arch. The lesion was biopsied, and the pathologist identified granulomatous inflammation with CD4+ lymphocytes and caseating necrosis. The patient was treated with multidrug therapy for 4 months, and the lesion resolved completely.

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**Authors:** Singh, Virendra. Department of Oral and Maxillofacial Surgery, Government Dental College, Pt. BD Sharma University of Health Sciences, Haryana, India.
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**Authors:** Alawi, Faizan. Department of Pathology, School of Dental Medicine, University of Pennsylvania, 240 South 40th Street, Room 328B, Philadelphia, PA 19104-6002, USA.
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**Authors:** Singh, Virendra. Department of Oral and Maxillofacial Surgery, Government Dental College, Pt. BD Sharma University of Health Sciences, Haryana, India.
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**Authors:** Alawi, Faizan. Department of Pathology, School of Dental Medicine, University of Pennsylvania, 240 South 40th Street, Room 328B, Philadelphia, PA 19104-6002, USA.
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**Authors:** Singh, Virendra. Department of Oral and Maxillofacial Surgery, Government Dental College, Pt. BD Sharma University of Health Sciences, Haryana, India.
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To request copies of any of these articles please use one of our request forms. Articles can be emailed or posted for a charge of £2.50 each.

Tubercular osteomyelitis of midfacial bones is extremely rare, although tuberculosis of long bones and the vertebral column is not uncommon. Because of the rare incidence, myriad presentation, and lack of specific symptoms, this condition presents a challenge in diagnosis and calls for acute clinical awareness. This article presents a case report of a 12-year-old girl with complaints of gradually increasing swelling lateral to and below her right eye for 4 months with pus discharge. She was treated with surgical curettage and 4-drug antitubercular therapy and responded with complete remission of the sinus. Copyright 2013 Elsevier Inc. All rights reserved.

CASE REPORT: We report a case of tuberculoma of the whole left maxilla extending into the orbit, with no previous history of pulmonary tuberculosis. Tuberculosis of paranasal sinus is a rare entity and is nearly always secondary to pulmonary or extrapulmonary tuberculosis, but this report describes the incidence of primary infection of extrapulmonary site.

CONCLUSIONS: Any chronic granulomatous lesion present over the maxillofacial region which does not respond to initial antibiotic therapy may be suspected as tubercular infection and should be ruled out with priority. Copyright 2013 Elsevier Inc. All rights reserved.

Primary gingival tuberculosis diagnosis: a difficult endeavor.

AIM: To highlight the importance of considering tuberculosis in the differential diagnosis even in the absence of confirmation from several investigations and diagnostic aides.

BACKGROUND: Tuberculosis is a common infectious granulomatous disease caused by various strains of mycobacteria. An oral lesion when seen in association with tuberculosis is very rare and in most cases is noticed secondary to pulmonary forms.
CASE REPORT: We report a case of primary gingival tuberculosis in a 20-year-old female patient who presented with treatment-resistant gingivitis. Patient had no evidence of disease elsewhere in the body and several diagnostic tests also failed to reveal the presence of the causative organism. Resolution of gingivitis was noted following a therapeutic trial of antitubercular drugs.

CONCLUSION: Therefore the importance of including tuberculosis in the differential diagnosis of inflammatory disorders of the gingiva is very essential in order to avoid one of the most lethal forms of infections often overlooked.

CLINICAL SIGNIFICANCE: It is essential to consider tuberculosis as one of the differential diagnoses in India even when several diagnostic tests are negative for tuberculosis.

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2012

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Authors
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Title
Cervical abscess in an immunocompetent patient with Mycobacterium malmoense pulmonary disease.

Source

Abstract
BACKGROUND: Mycobacterium malmoense is a nontuberculous mycobacteria seen mainly in two age groups and with different clinical presentations. Most patients are male adults presenting clinical symptoms and signs similar to those of pulmonary tuberculosis. The second group is formed by immunocompetent children with localized cervical lymphadenitis. Although cervical adenitis is the main extrapulmonary manifestation of M. malmoense, virtually all cases of cervical disease were documented in children. Disseminated disease is rare and has been reported in patients with severely impaired immunity.

CASE REPORT: We report a case of a 47-year-old immunocompetent man with a cervical abscess, in whom we identified a M. malmoense pulmonary disease with multiple cervical, thoracic and abdominal adenopathies.

CONCLUSION: Extrapulmonary infection due to M. Malmoense needs to be considered on the differential diagnosis of cervical masses and adenopathies, not only in pediatric patients but also in adults with no impaired immunity. A high index of suspicion for nontuberculous mycobacteria is essential for the diagnosis and prognosis.
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Case Reports. Journal Article.
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2012

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Authors
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Institution
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Title
Nasopharyngeal tuberculosis presenting as massive cervical lymphadenopathy and hearing loss.
Source
Abstract
Lymphadenitis is the most common form of tuberculosis in the head and neck region, but it can be seen in the other areas of the head and neck. Nasopharyngeal tuberculosis is a rare condition without pulmonary and systemic involvement. The majority of patients present with neck mass. A 17-year-old female patient admitted to our outpatient clinic with the complaints of swelling on both sides of the neck and hearing loss. The endoscopic examination revealed a nasopharyngeal mass, and biopsies were taken from the mass. The result of pathologic examination was reported as caseating granulomatous inflammation compatible with tuberculosis. In this report, a nasopharyngeal tuberculosis case associated with massive cervical lymphadenopathy was reported, and etiopathogenesis and treatment were also discussed.
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Case Reports. Journal Article.
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2012

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Title
Primary tuberculosis: an unusual finding in the oral cavity.
Source
Abstract
The unusual involvement of the oral cavity in tuberculosis and the non-specific nature of its presentations mean that diagnosis of tuberculosis is often delayed and is an unexpected finding. The aim of this paper is to present a case of primary tuberculosis and discuss the implications of the manifestations and diagnosis of oral tuberculosis. This paper presents an unusual case of a painless, papillary, erythematous lesion in the anterior region of a maxillary edentulous ridge. When the patient concerned was first seen by the author, the lesion had been present for six months. There was cervical lymphadenopathy and it was diagnosed initially as a malignant lesion. Eventually, after biopsy and ultrasound examination, the diagnosis of primary oral tuberculosis was reached. The patient was managed solely by antitubercular drug therapy.
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Case Reports. Journal Article.
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20120717
Year of Publication
2012

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Unique Identifier
22074872
Tuberculosis osteomyelitis of mandibular condyle: a diagnostic dilemma.

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Institution: Sheikh, S. Department of Oral Medicine and Radiology, M.M. College of Dental Sciences and Research, Mullana, Ambala, Haryana, India.
Title: Tuberculous osteomyelitis of mandibular condyle: a diagnostic dilemma.

Abstract
The incidence of tuberculosis (TB) is increasing worldwide and so are its consequences. Its oral manifestations are infrequent, occurring in approximately 3% of all cases. Although the primary lesion occurs as a pulmonary infection, the extrapulmonary infections have also shown an increase over the past few years. These infections generally involve the head and neck through haematogenous or lymphatic routes. The clinical presentation may be as an ulcer, granuloma, orofacial TB, TB of the salivary glands or tuberculous lymphadenitis. Rarely, secondary oral manifestations associated with pulmonary infection are seen, which can appear as lesions on the gingiva, palate, lips, tongue, buccal mucosa, frenulum and in the jaw bones. Owing to the rarity of orofacial TB, it seldom arouses clinical suspicion, especially when a positive history of a systemic infection or therapy is denied. Tuberculous involvement of the mandibular condyle is even rarer, and only two such cases are reported so far, both in English-language literature. Further, the diagnosis of such a case is extremely difficult as there are no specific signs pathognomic of infection. The only manifestation may be a localized painful swelling of the jaw. The presented case is of osteomyelitis of the mandibular condyle in a 20-year-old male patient in whom TB was later suspected. In this case report the role of diagnostic techniques is emphasized as the osteomyelitis of the condyle has the risk of being easily missed owing to its atypical signs and symptoms and atypical radiographic appearance.

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Date Created: 20120203
Year of Publication: 2012

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### Article 1

**Authors:** Ranganathan LK; Mathew GC; Gandhi S; Manohar M.

**Institution:** Ranganathan, Laxman Kumar. Department of Oral & Maxillofacial Surgery, Christian Dental College, Ludhiana, India.

**Title:** Tuberculosis of temporomandibular joint presenting as swelling in the preauricular region.


**Abstract:**

Purpose: The aim of this study was to evaluate clinical signs and symptoms of orofacial tuberculosis, with an emphasis on the importance of histologic diagnosis. Based on an evaluation of 46 patients, Andrade's classification is presented with a novel 10-point protocol for the management of orofacial tuberculosis.

Materials and Methods: Forty-six patients were evaluated for orofacial tuberculosis over 16 years (1996 through 2011). All 46 patients were managed with a 10-point protocol for the care of orofacial tuberculosis.

Results: Forty-six cases with a positive diagnosis of orofacial tuberculosis were confirmed by histopathologic and other investigations specified in the 10-point protocol for the management of orofacial tuberculosis. The male:female ratio was 0.917, with no gender predilection. Most cases were seen in the second and third decades of life. A large number of patients (n = 22) presented with a lesion in relation to the angle of the mandible.

Conclusions: In a tuberculosis-prevalent country such as India, it is very important to be aware of tubercular lesions involving the orofacial region. Andrade's classification of orofacial tuberculosis helped classify different forms of tubercular lesions that may involve the orofacial region. The 10-point protocol formulated and applied to all 46 cases proved successful in the management of these cases.

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### Article 2

**Authors:** Andrade NN; Mhatre TS.

**Institution:** Andrade, Neelam N. Department of Oral and Maxillofacial Surgery, Nair Hospital and Dental College, Mumbai, India. drnmandrade@yahoo.co.in

**Title:** Orofacial tuberculosis—a 16-year experience with 46 cases.


**Abstract:**

Purpose: The aim of this study was to evaluate clinical signs and symptoms of orofacial tuberculosis, with an emphasis on the importance of histologic diagnosis. Based on an evaluation of 46 patients, Andrade's classification is presented with a novel 10-point protocol for the management of orofacial tuberculosis.

Materials and Methods: Forty-six patients were evaluated for orofacial tuberculosis over 16 years (1996 through 2011). All 46 patients were managed with a 10-point protocol for the care of orofacial tuberculosis.

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**Sinha, Abhishek; Srivastava, Amitabh; Srivastava, Sunita.**

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Kamala,R. Department of Oral Medicine and Radiology, Sardar Patel Post Graduate Institute of Dental and Medical Sciences, Lucknow, Uttar Pradesh, India.

**Title**
Primary tuberculosis of the oral cavity.

**Source**

**Abstract**
There is a well-known phrase that states, "The more things change, the more they stay the same." This expression continues to apply to tuberculosis (TB), a widespread infectious disease traced back to the earliest of centuries. TB has claimed its victims throughout much of known human history. Mycobacterium tuberculosis may have killed more persons than any other microbial pathogen and is one of the major causes of ill health and death worldwide. Although the overall incidence of TB has decreased, recently, the incidence of this disease appears to be increasing. Oral lesions of TB though uncommon are seen in both the primary and secondary stages of the disease. In secondary TB, the oral manifestations may be accompanied by lesions in the lungs, lymph nodes, or in any other part of the body and can be detected by a systemic examination. Most of the cases are secondary to pulmonary disease and the primary form is uncommon. Here, we present a case of primary oral TB, affecting the gingiva and hard palate in a 40-year-old Indian female patient.

**Title**
Expectations and perceptions of Nigerian patients regarding infectious diseases in dentistry.

**Source**

**Abstract**
OBJECTIVE: To assess the expectations and perceptions of Nigerian patients regarding infectious diseases in dentistry.

METHODS: A questionnaire based cross-sectional survey of patients attending the dental centre of University of Benin Teaching Hospital, Nigeria was conducted in 2009.

RESULTS: Out of the 405 patients that responded, 75.6% expressed worry about contracting infection during the dental treatment. Respondents felt that they are at risk of contracting the following infection from the dental clinic, HIV (47.4%), hepatitis B and C (15.5%), herpes (3.5%) and tuberculosis (1.7%). One-quarter (25.4%) of the respondents would avoid dental treatment because of fear of contracting HIV. Ninety-two (22.7%) would switch from dental clinic with HIV infected personnel and 37.8% would allow HIV-infected dentist to treat them. Only 10.4% of the respondents would expect the dentist to refuse to render dental treatment to the HIV-infected patients.

CONCLUSION: This survey revealed that a high proportion of Nigerian patients are worried about contracting infectious disease during dental treatment and this impacted negatively on how they seek dental care. Improved public education and communication on the risk involved with dental treatments is needed to allay the fear of Nigerian patients.
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Title
Tuberculosis cutis orificialis with both gingival involvement and underlying pulmonary tuberculosis.
Source
Local Messages
THIS JOURNAL IS AVAILABLE IN THE BDA LIBRARY
Abstract
Tuberculosis cutis orificialis is a rare manifestation of cutaneous tuberculosis which occurs in the oral, perianal and adjacent mucosa. The most frequent orificial lesion location is the tongue. We report a case of a 35-year-old female with tuberculosis cutis orificialis with gingival involvement. She had a six-month history of a moderately painful gingival ulceration. Histopathological examination showed granulomatous infiltrates composed of epithelioid cells, Langhans giant cells and caseating necrosis. A purified protein derivative test was positive. Sputum culture was positive for Mycobacterium tuberculosis. Chest X-ray and high resolution computed tomography showed active pulmonary tuberculosis in both upper lung zones. The gingival specimen was positive for M. tuberculosis polymerase chain reaction. A complete resolution was achieved after six months of anti-tuberculosis therapy. Dental identification of M. tuberculosis may serve as an important aid in the first line of control of this dangerous infectious disease. Copyright 2011 Australian Dental Association.
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Gandhi S; Ranganathan LK; Bither S; Koshy G.
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Title
Tuberculosis of temporomandibular joint: a case report.
Source
Local Messages
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Case Reports. Journal Article.
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