

Non-lethal midline granuloma amidst Klebsiella infection: a diagnoses conundrum

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ABSTRACT

Introduction: Non-lethal midline granuloma of the nose is an extremely rare entity and has a completely different course of disease from lethal midline granuloma. The histopathological picture is reported to be identical to its lethal counterpart, showing pleomorphic cellular infiltration, scattered areas of necrosis and vasculitis, however the clinical picture showed good prognosis. The pathological process is self-limiting and totally confined to the nose, sparing the palate, the lips and other facial structures. Klebsiella species that commonly affect the nose are the Klebsiella Rhinocleromatis and Klebsiella Ozaenae which usually cause chronic rhinitis features in patient. Klebsiella species are also known to infect wound on the skin and can cause destructive changes such as necrosis, inflammation, and haemorrhage within lung tissue. **Report:** We are reporting a case of a 48-year-old Indonesian gentleman who presented with one-week history of an initially a pimple on his left alar which ruptured and started to increase in size and discharging pus. The lesion progressively became necrotic and involved the left face up to the orbital rim, and down to the upper lip, sparing the nasal cavity. Patient also developed left lung empyema. He was extensively investigated with differentials of tuberculosis, leprosy, NKT cell lymphoma, fungal infection and cutaneous leishmaniasis being considered. Culture and biopsy both from his nose and lung isolated Klebsiella species with features of non-lethal midline granuloma at the nose. The nose lesion was debrided surgically, and he recovered well with antibiotics. We discuss the management and outcome of this rare case.

Barium: aspiration and ramification

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ABSTRACT

Barium swallow is a popular imaging method used for the diagnostic investigation of unintentional weight loss and dysphagia with a mechanical element. However, it is associated with occasional or rare aspirations which poses a significant morbidity and mortality risks, often overlooked in day to day practice as evident in our case report. A 67-year-old gentleman of Chinese ethnicity was investigated for a six-month history of progressively worsening dysphagia with solids and liquids associated with poor oral intake. A flexible laryngoscopy revealed unremarkable true and false cords with no pooling of saliva, unsuspecting of any aspiration. He underwent a barium swallow to rule out a mechanical course. The patient was aspirating silently and aspirated significant amounts of barium contrast into his right bronchus. Although barium relatively inert, its volume of ingestion affects prognosis as it promotes lung injury with neutrophil sequestration and oedema. Barium dispersed into the lower airways with in a 'tree branch' appearance. Barium may occupy peribronchial interstitial tissue and become phagocytosed by alveolar macrophages leading to fibrosis. Mortality rates with barium aspiration may vary with a range of 30 to 50% among patients whom develop initial shock or apnoea, secondary pneumonia or Adult Respiratory Distress Syndrome (ARDS). He developed chemical pneumonitis with ARDS requiring invasive ventilation but passed away one week later. In conclusion a thorough swallowing assessment should be performed prior to upper contrast studies in dysphagic patients.