

Pathophysiology of Mycobacterial Cervical Lymphadenitis

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DESCRIPTION

Mycobacterial cervical lymphadenitis, also known as scrofula or tuberculous cervical lymphadenitis, is a type of tuberculosis infection that affects the lymph nodes in the neck. It is caused by the bacteria, which is the same bacteria that causes pulmonary tuberculosis. Mycobacterial cervical lymphadenitis is most commonly seen in children and young adults, and is more prevalent in countries with a high incidence of tuberculosis.

Symptoms and diagnosis

The primary symptom of mycobacterial cervical lymphadenitis is the presence of a swollen lymph node in the neck, which may or may not be painful. The lymph node may be soft or firm, and may be accompanied by a fever or night sweats. In some cases, the lymph node may break down and form an abscess, which can be painful and may discharge pus. Mycobacterial cervical lymphadenitis is typically diagnosed through a combination of physical examination and diagnostic tests. During a physical examination, the healthcare provider will examine the swollen lymph node and may perform a biopsy to obtain a tissue sample for testing. Diagnostic tests may include a tuberculin skin test, chest X-ray, and blood tests to detect the presence of tuberculosis antibodies.

Causes

Mycobacterial cervical lymphadenitis is caused by the bacteria *Mycobacterium tuberculosis*, which is transmitted through the air when an infected individual coughs or sneezes. The bacteria can enter the body through the nose or mouth and travel to the lymph nodes in the neck, causing an infection. Mycobacterial cervical lymphadenitis can also occur as a result of reactivation of a latent tuberculosis infection. This may occur in individuals with weakened immune systems, such as those living with HIV or who are undergoing chemotherapy. Risk factors for mycobacterial cervical lymphadenitis include living in areas with a high incidence of tuberculosis, being in close contact with individuals who have active tuberculosis, and having a weakened immune system.

Treatment

Mycobacterial cervical lymphadenitis is typically treated with a combination of antibiotics, including rifampin, isoniazid, and pyrazinamide. Treatment typically lasts for six to nine months, and may be extended if the infection is not fully resolved. In some cases, surgical removal of the affected lymph nodes may be necessary. It is important to complete the full course of treatment, even if symptoms improve or disappear, to prevent the development of drug-resistant strains of the bacteria. Patients may experience side effects from the medication, including nausea, vomiting, and liver damage. Regular monitoring by a healthcare provider is necessary to monitor the patient's response to treatment and manage any side effects.

Prevention

Preventing mycobacterial cervical lymphadenitis involves taking steps to prevent the spread of tuberculosis. This includes ensuring proper ventilation in indoor spaces, practicing good hygiene, and avoiding close contact with individuals who have active tuberculosis. In addition, individuals who are at high risk of tuberculosis infection, such as healthcare workers and individuals living in high-risk areas, should be screened regularly for tuberculosis and receive preventive treatment if necessary.

CONCLUSION

Mycobacterial cervical lymphadenitis is a type of tuberculosis infection that affects the lymph nodes in the neck. It is most commonly seen in children and young adults, and is more prevalent in countries with a high incidence of tuberculosis. Symptoms include a swollen lymph node in the neck, which may or may not be painful, and may be accompanied by a fever or night sweats. Treatment typically involves a combination of antibiotics and may require surgical removal of the affected lymph nodes. Prevention involves taking steps to prevent the spread of tuberculosis, such as ensuring proper ventilation and practicing good hygiene. Regular screening for tuberculosis and receiving preventive treatment if necessary is also important for individuals who are at high risk of tuberculosis infection.

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