Letters to the Editor

Jaundice-A Rare Presentation of Tuberculosis

Liver involvement in tuberculosis is very common but presentation as jaundice or with symptoms of hepatic involvement is very rare. Husey G *et al.* studied 94 children with miliary tuberculosis and only 4 had jaundice(l). Bhanumati *et al.* biopsied 128 children with symptoms of liver disease and only 4 had granulomas, most probably tubercular(2). Although most common cause for hepatic granuloma is tuberculosis, jaundice is very rare(3). We hereby report a case of tubercular granulomatous hepatitis who presented with jaundice.

A five year old female child presented with recurrent fever, waxing and waning jaundice of one and half years and swelling all over the body of two weeks. The past and family histories were insignificant. The child received oral steroids for about eight months. Physical examination revealed cushingoid features with hirsuitism, jaundice, pedal edema and hepatosplenomegaly. A clinical diagnosis of chronic hepatitis with steroid side effects was made. Total leucocyte count was 29,3901 cu mm [N 30%, L 54%, E 2%, M 4%] and ESR 60 mm at the end of one hour. Total bilirubin was 2.9 mg/dl, direct bilirubin 1.7 mg/dl, ALT 26 U/L, AST 75 U/L, alkaline phosphatase 817 U/L. Prothrombin time and copper studies for Wilson's disease were normal. Ultrasonography of abdomen revealed hepatomegaly with altered echo-texture with multiple focal echogenic areas suggestive of granulomatous hepatitis. Spleen was enlarged but focal granulomas were absent. X-ray chest showed diffuse bilateral infiltrations. The tuberculin test was negative (child was on steroid therapy). Serology .for tuberculosis showed presence of IgM antibodies. Needle biopsy of the liver revealed evidence of granulomatous hepatitis.

The child was given antitubercular treatment with four drugs. After six months, the child was symptomatically better, liver and spleen size was less than before, LFT showed improvement [total bilirubin 0.4 mg/dl, direct bilirubin 0.2 mg/dl, alkaline phosphatase 704 U/L].

Repeat sprtbgraphy of abdomen revealed early calcification in hyper-echoic areas indicating old healed granulomas. Repeal needle biopsy of liver showed only non specific changes.

Jaundice is described in congenital tuberculosis due to lymph nodes obstructing porta hepatis. Granulomas near porta hepatis causing obstruction and jaundice, is described but is very rare(3). In our case, jaundice appears to be due to granulomas infiltrating the liver parenchyma and bile canaliculi. The empirical steroid therapy allowed the granulomas to increase and the child presented with a combination of symptoms of the disease and the side effects of steroid therapy.

It is recommended that before starting

steroids for any chronic illness it is a must to exclude tuberculosis.

B.B Lakhkar,
N. D'Souza,
N. Bhaskaranand,
Department of Pediatrics,
Kasturba Medical College, Manipal.

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Supernumerary Teeth Presenting as Nasal Teeth

Supernumerary teeth are extra teeth. When they are present in the nasal cavity, they are called nasal tooth. Supernumerary teeth are reported from mandible, orbit, palate, maxillary antrum and nasal cavity. Eruption of teeth into these sites are rare and easily overlooked(l). Although, they are asymptomatic, they may prevent and delay the eruption of normal teeth and lead to the malalignment in the later life. It is important to identify and remove supernumerary teeth before they maifest in different ways depending on the site. The clinical features include epistaxis, rhinitis, septal abscess, septal perforation, pain in the philtrum area and discomfort during deglutition and speech(2). We report a case of eight-year-old boy came to this hospital for pain in the throat. Routine anterior rhinoscopy showed a foreign body mass with conical projection at the floor of left nasal cavity. It was immobile and did not bleed on touch. There was no gritty feeling on touch as well, there was no history of any foreign body and no missing teeth in the oral cavity. The mass was removed which turned out to be nasal tooth *(Fig. 1)*. It had attachment at the floor of nasal cavity. There was little epistaxis which was controlled by light anterior nasal packing.

Supernumerary teeth may imitate the shape of normal teeth. They arise from extra bud of dental lamina. The incidence of Supernumerary teeth in Indian children is reported to be 2.5%(2). The most common supernumerary teeth is mesiodens, a tooth situated between maxillary central incisor, occupying single or paired, erupted or impacted and occasionally inverted(3). The maxillary 4th molar is the second most common supernumerary teeth and situated distal to third molar. Other supernumerary teeth seen with same frequency are maxillary paramolars, mandibular premolars and maxillary lateral incisor. Approximately 90% supernumerary teeth occur in maxilla and more common in permanent dentition.