

Tubercular Ulcer: Not so Uncommon Cause of Odynophagia

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These images are from a 13-year-old girl, who presented with odynophagia. Upper gastrointestinal (GI) endoscopy revealed longitudinal ulcer in the mid esophagus (►**Fig. 1**). CT chest ►**Fig. 2** and endoscopic ultrasound (EUS) (►**Fig. 3**) showed a node in the left paratracheal region. Cytology examination showed necrotic granulomas (►**Fig. 4**), and stain for acid-fast

bacillus (AFB) was positive. Midesophageal ulcers have varied etiology such as viral diseases, pill esophagitis, corrosive injury, submucosal lesions, or malignancy. In endemic places, tuberculosis should be considered as differential diagnosis. Subepithelial bulge with ulcer (summit ulcer) has been explained in tuberculosis.

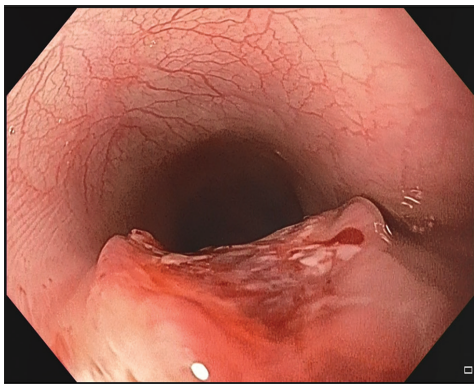


Fig. 1 Longitudinal ulcer in the esophagus over the underlying bulge.

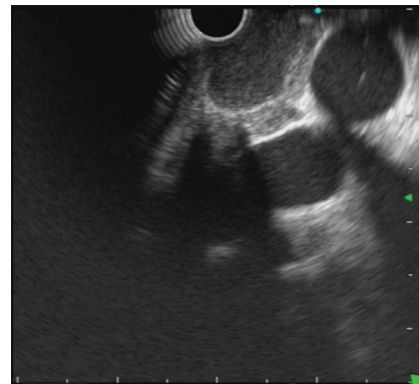


Fig. 3 Endoscopic ultrasound examination from mid esophagus showing homogeneous hypoechoic node in left lower paratracheal region.

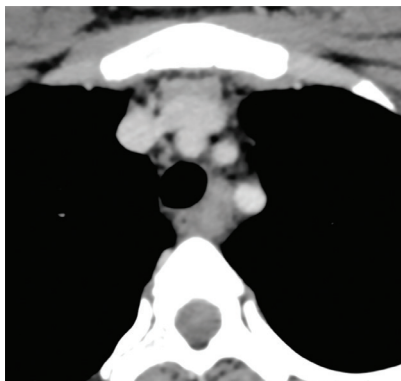


Fig. 2 CT image of the chest showing enlarged node in left lower paratracheal region.

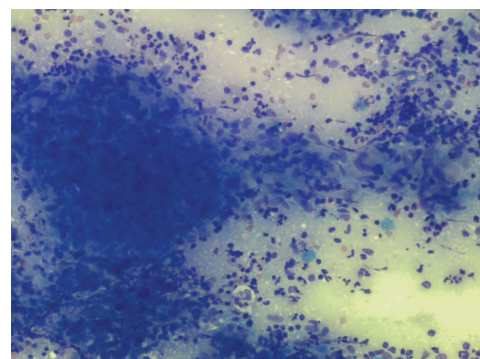


Fig. 4 Cytology examination of the EUS FNA sample showing epithelioid granuloma, MGG stain, 20X.

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