INTRODUCTION
Tuberculosis is an infectious disease caused by mycobacterium with *Mycobacterium tuberculosis* being the most common strain. The global burden of the disease was 13.7 million cases in 2007.1 Fifty five percent of the new cases reported in 2007 were from Asia.1 The absolute number of the tuberculosis cases in Pakistan was 62910 in year 2009. Out of these, 10066 were extra-pulmonary.2 Despite the very high incidence, globally and nationally, tuberculosis of the tongue is the rare.3 So far, only one case has been reported in indexed journals from Pakistan.4 Hence, it is prudent to consider tuberculosis of oral cavity as one of the differentials in the setting of an oral pathology.

CASE REPORT
A 36 years old male presented with a lump on the anterior two-third of the tongue on dorsal surface for the last 2 months (Figure 1), which had grown over the last 20 days to cause him discomfort. His complaints were difficulty in eating and speaking because of the swelling. It was not painful. He had history of productive cough, anorexia, fatigue and night sweats. He was diagnosed with pulmonary tuberculosis 5 years ago and he took anti-tubercular therapy (ATT) for 3 months. After which, he discontinued the treatment without doctor's approval. He used chewable tobacco and had been smoking about one pack of cigarettes daily for the last 18 years. General physical examination showed emaciated looking man. Oral cavity examination showed 2 x 3 cm irregular and hard lump on the dorsum of the anterior two-third of tongue near the midline. The swelling was non-tender and did not cross the midline. There were no palpable neck nodes. Provisional diagnosis of a malignancy was being considered.

A wedge biopsy was performed, which showed granulomas with characteristic caseous necrosis on histopathology. Acid-fast Bacilli with Zeil Neilson staining was negative. The chest X-ray was reported as having patchy ill-defined opacities in bilateral upper lobes with fibro-nodular and calcific changes with intervening cystic spaces, bilateral apical pleural thickening more pronounced on the right side. Sputum culture and sensitivity of a sample of Bartellet Score 1+ showed no growth. Blood workup showed ESR of 65 and neutrophilia of 81.6%. The haemoglobin, MCV and MCH showed sign of microcytic anaemia. A tuberculin skin test was not performed since the histopathology and X-ray were very strongly suggestive of tuberculosis (Figure 2).

He was started on ATT and the size of the lump shrank from 20 x 30 x 6 mm to 2 x 3 x 1 mm in 16 weeks. The lesion completely regressed after 5 months on ATT.

ABSTRACT
Tuberculosis is a common disease in developing countries like Pakistan. Although it can involve almost any region of the body, some presentations are still very rare. This is a case report of a 36 years old male with tuberculous lesion on the tongue presenting as a lump. Patient also had disseminated disease. There are very few cases reported of this rare presentation across the globe.

Key words: Tuberculosis. Tongue. Oral cavity. Lump.
DISCUSSION

The belief that tuberculosis can involve any part of the body holds some truth. Out of all the cases reported in the last 10 years, there are only 5 cases of tuberculous lesion of tongue reported in the indexed journals.4-8 Last and only case reported from Pakistan was in year 2003 by Memon et al.4 while the last case from South Asia was in year 2008 by Sharma et al.8 Out of these 5 cases, 2 presented as nodules,4,8 and 3 as ulcers.5-7 Tuberculous lesions in the tongue can either be primary or secondary. In this patient, we believe it to be a secondary process as the patient had past history of pulmonary tuberculosis, for which he did not complete his treatment. The possible mechanism could be the infected sputum from the lungs inoculated some organisms in the tongue. A rent in the local mucosa may be considered a possible risk factor. This patient went through the same clinical course as the patients reported by Memon et al. and Sharma et al.4,8 There was regression of the nodule after he was started on ATT. Histopathology of the lesion is diagnostic almost in all the cases.4-8 However, Z-N staining is often negative as in this case.5,8

The only estimate of incidence of oral involvement secondarily comes from a very old study by Weaver et al., which states that about 1-1.5% of cases of pulmonary tuberculosis show tuberculosis of oral cavity.7 Since it was done more than 3 decades ago, more recent evaluation of the situation is warranted. Despite being a rare entity, oral tuberculosis is a possibility, particularly in the disease prevalent regions.

REFERENCES