

---

***Images in Clinical Practice***

---

**Filarial Lymphadenitis**

A 4-year-old girl from Bihar presented with a swelling in the right axilla for the last 7 months (*Fig. 1*). There was no history of fever, cough or contact with tuberculosis. The child was unimmunized. Examination revealed multiple matted lymph nodes in the right axilla forming a mass of about 4 x 5 cm and also a few moderately enlarged cervical and inguinal lymph nodes. The enlarged nodes were soft to firm in consistency, non tender and not adherent to the skin. Except a low weight-for-age, there was no positive finding in the general or systemic examinations.

Examination of blood revealed Hb of 11.5 g/dl; TLC of 16800/cu mm; DLC with P-10, L-32 and E-58; peripheral smear normocytic normochromic RBCs; and ESR of 40 mm at

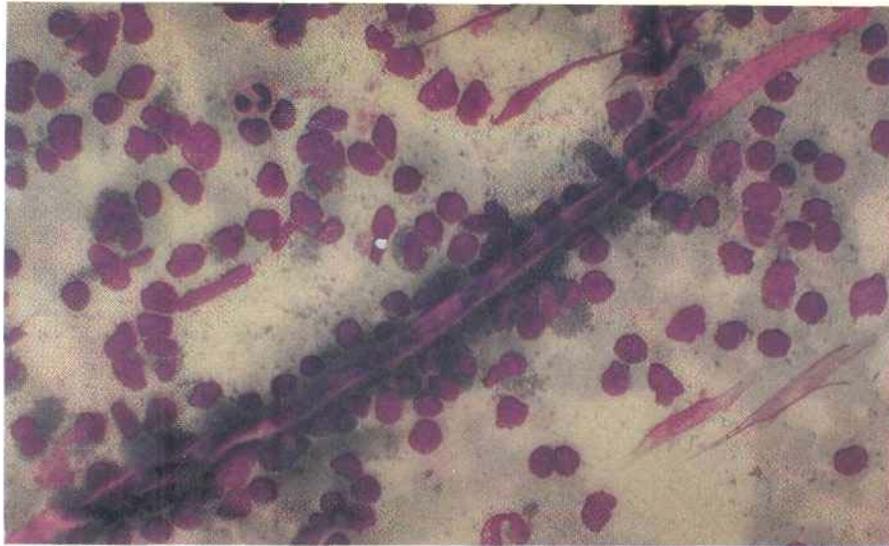
the end of the first hour. The absolute eosinophil count was 9280/cu mm. Stool examination did not reveal any parasite, ova or cyst. Chest X-ray showed some patchy infiltrations bilaterally, more so in the right midzone.

An initial fine needle aspiration cytology (FNAC) of the axillary lymph node showed reactive lymphoid cells, many eosinophils and a degenerating coiled structure highly suspicious of microfilaria. A repeat FNAC from the same lymph node revealed a solitary microfilarial worm of *W. bancrofti* species because the nuclear column was not extending upto the tail end (*Figs. 2 & 3*). The rest of the smear showed reactive lymphoid cells and many eosinophils in the background. Peripheral blood did not reveal any microfilaria despite repeated examinations.

The case was diagnosed as occult filariasis manifesting primarily as lymph-adenitis. The



*Fig. 1. Photograph showing the axillary mass of lymph nodes (boundaries marked).*



*Fig. 2. Single sheathed microfilaria is seen in a background of reactive lymphoid cells and many eosinophils (Giemsa stain x 400).*



*Fig. 3. High magnification view of the tail showing the sheath (curved arrow) tip of the tail (thick arrow) and terminal end of nuclear column (thin arrow). (Giemsa stain x 400).*

child was treated with hetrazan. The response was remarkable; after 2 weeks, the right axillary lymph node mass disappeared and the enlarged cervical and axillary lymph nodes also regressed completely.

**B. Talukdar,  
Shyama Jain\***,  
*Departments of Pediatrics and \*Pathology,  
Maulana Azad Medical College,  
New Delhi 110002.*