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498 - TUBERCULOUS LYMPHADENITIS: A LITERATURE REVIEW

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Introduction: Lymphadenitis, also previously called "scrofula," is the most common cause of manifestation of extrapulmonary tuberculosis (TB), an extremely prevalent disease in underdeveloped regions, causing millions of deaths around the world. This is why it must be recognized and treated as early as possible. ***Objective:*** This review aims to summarize the main topics of tuberculous lymphadenitis (TL), covering epidemiology, clinical, and recent treatments. ***Methods:*** This article consists of a review of publications on the subject. The research was carried out through SciELO, PubMed, and LILACS databases, as well as virtual scientific libraries such as DynaMed and UpToDate. Results: TL is the infection of lymph nodes caused by *Mycobacterium tuberculosis*, and it is the most common type of extrapulmonary TB, mainly in endemic areas. Worldwide, there is an increase in the incidence of TB in developed and underdeveloped countries, resulting in millions of deaths per year. Its relationship with HIV and the consequent development of extrapulmonary forms has been increasingly common, representing about 21% of TB cases in the United States. The main extrapulmonary TB sites are as follows: lymph nodes, pleura, meninges, bones, miliary, and disseminated. In HIV patients, atypical presentations are not uncommon. The clinical picture consists of slow lymph node growth, generally affecting the cervical region and may affect other sites; signs and symptoms of the primary TB may also be present. The diagnosis of TL is made by culture or molecular identification of *M. tuberculosis* in the tissue of the affected lymph node, which can be approached by excision or by fine-needle biopsy. The anatomopathological findings are giant epithelioid cells, granulomas, and caseous necrosis. Treatment should be started empirically according to the clinic, awaiting laboratory confirmation, and its first line consists of the first 2 months with RHZE (Rifampicin, Isoniazid, Pyrazinamide, and Ethambutol), followed by 4 months of Isoniazid and Rifampicin. Paradoxical worsening after starting the therapy is one of the complications, usually occurring 8 weeks after starting the treatment. Management should be monitored on an outpatient basis, with cure occurring in up to 94% of the cases. ***Conclusion:*** TL is one of the main manifestations of extrapulmonary TB, closely related to coinfection with HIV. It should be promptly investigated in patients with a compatible clinical presentation and present in endemic areas. Its treatment, despite long duration, cures the vast majority of cases and reduces the overall morbidity and mortality of properly treated patients.