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Presence of *Mycobacterium* and other bacteria in lymphadenopathies with purulent aspirates

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Tuberculosis(TB) is one of the biggest health challenges of the world. TB lymphadenopathy (TBL) is an important site of involvement by extrapulmonary TB. Fine needle aspiration cytology (FNAC) is a cost effective and quick method for diagnosis of such lesions. Although FNAC can offer a definite cytologic diagnosis of TBL in smears with caseaous aspirates, those cases with purulent aspirates may be dismissed as suppurative lymphadenitis unless direct detection of *mycobacterium* performed. The study was aimed to assess presence of Mycobacterium and other bacteria in clinically TB suspected lymphadenopathies with thin purulent aspirates after FNAC performed. The study was conducted from August to December 2017 in patients visiting Jimma University Medical Center (JUMC), South West Ethiopia. Fifty three TB suspected peripheral lymphadenopathy (LAP) cases with purulent aspirates were enrolled and underwent cytomorphologic, LED and ZN staininig evaluation; in which Mycobacterial infection detected in 49%, 43.4% and 9.4% cases respectively. Combining cytomorphology with LED techniques increases the detection rate by 15% when compared with cytomorphology alone while AFB staining increases this detection rate by 7.5%. Gram reaction observed in 17% of cases. We recommend the combined use of routine FNAC with AFB staining and LED techniques to increases the detection of myocobacterial infection in purulent aspirates. Performing Gram stain further help to reveal other bacterial causes of suppurative inflammation.

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