

Case Report

Lupus vulgaris: a rare presentation of tuberculosis

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ABSTRACT

70-80% of tuberculosis in children is pulmonary tuberculosis and the rest belong to the group of extra pulmonary tuberculosis, of which cutaneous TB is relatively uncommon. Here, we present a case of 10 year old boy who was admitted in emergency paediatric department of MKCG medical college with complains of pain abdomen. On further examination and investigation was diagnosed as a case of Lupus vulgaris with SAIO.

Keywords: Cutaneous TB, Lupus vulgaris, Pulmonary tuberculosis, SAIO

INTRODUCTION

Cutaneous TB is due to invasion of skin by *Mycobacterium tuberculosis*. It is a rare form of extrapulmonary TB. It is 0.1% of all TB in India.¹ Direct infection of skin or mucus membrane from an outside source of mycobacterium results in an initial lesion called tuberculous chancre. Chancres are firm shallow ulcers with a granular base. They appear 2-4 weeks after mycobacteria enters through broken skin. The immune response of the patient and virulence of the mycobacteria determine the type and severity of cutaneous TB.²

Different types of cutaneous TB are:

- TB Verrucosa cutis
- Lupus vulgaris
- Scrofuloderma
- Miliary TB
- Tuberculid

CASE REPORT

A 10 year old boy admitted with complains of pain abdomen since last 4 days, for which he had undergone

treatment in a local hospital and was later referred to MKCG medical college. With a provisional diagnosis of SAIO, the patient was hospitalized and started NPO, IVF, IV antibiotics and NGT aspiration. On detail examination, one large plaque was found on the dorsum of the left hand which was there since 6 months. There was no contact history of TB. The size was 10x5 cm. Within the plaques, there were areas of thick hyperkeratosis and large thick crusts of erythematous base. There was ulceration at some places, this large plaque was diagnosed as lupus vulgaris (Figure 1). There was no sensory impairment and no thickening of peripheral nerves. The left axillary lymph node was palpable around 7x3 cm (Figure 2) which was firm and not matted. On doing FNAC, clusters of epitheloid cells on the necrotic background (caseous) and lymphoid cells were seen. These are features of Tubercular lymphadenitis of the left axilla. The chest x-ray showed B/L non homogenous patches, more on left side (Figure 3). Mantoux was strongly positive. HIV status was negative. USG Abdomen and plain X-ray abdomen upright came to be normal. The child was initially treated for SAIO conservatively and on improvement category 1 RNTCP was started for 6 months.



Figure 1: Lupus vulgaris on left dorsum of hand.



Figure 2: Left axillary LN.



Figure 3: Chest x-ray showing patch.

DISCUSSION

Tuberculosis is the one of the most common communicable disease in India. The spread of the disease is aided by poverty, overcrowding and drug resistance. 1 million children suffer from TB worldwide out of which 200 die from TB every day which can be preventable.³ Lupus vulgaris is the most common morphological variant of cutaneous TB.³ It accounts 59% of all cutaneous TB. The diagnosis is confirmed by histopathological features on skin biopsy.⁴

CONCLUSION

TB in children is often missed or overlooked due to non specific symptoms and difficulty in diagnosis. Over half a million children fall ill of TB each year and struggle with treatment. TB may present in various forms and proper diagnosis and early treatment is required to reduce the TB morbidity and mortality in India.

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