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A Suspicious Skin Lesion: Sufferings of A Remittance Warrior

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Abstract:

Tuberculosis verrucosa cutis (TVC) is a rare form of cutaneous tuberculosis. it is usually found as a solitary lesion but Extensive multifocal presentation is very rare. Here, we report this case of extensive, multifocal tuberculosis verrucosa cutis in a 36-year-old immunocompetent male patient in the absence of any primary tubercular focus.

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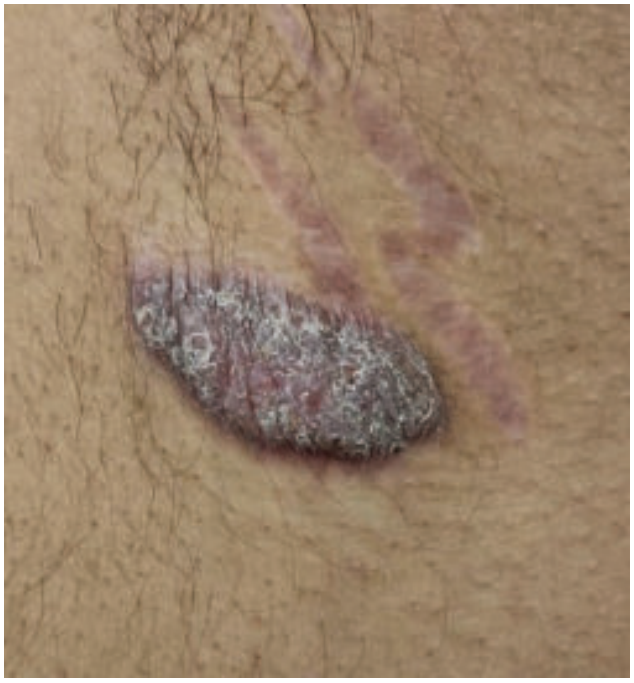

Image 1. Armpit

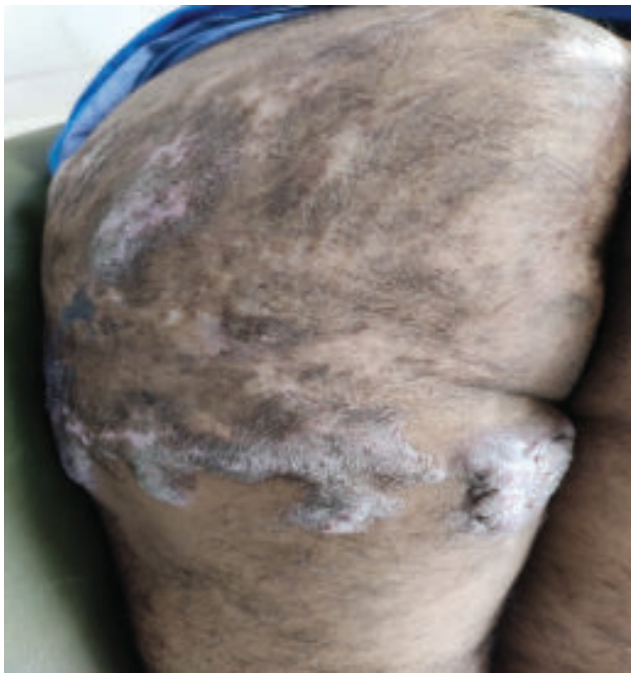

Image 2. Gluteal region

Case summary:

A 36-year-old man presented with the complaints of elevated hyperpigmented mass over the left gluteal region for 20 years which was non-tender, non-itchy it was associated with watery, slippery & reddish discharge from the border. There was another lesion in his left armpit which was single, well-defined, hyperkeratotic verrucous plaque with slight scaling over the lesion. He has no history of fever, cough, chest pain, weight loss, night sweating. Skin biopsy from the lesion

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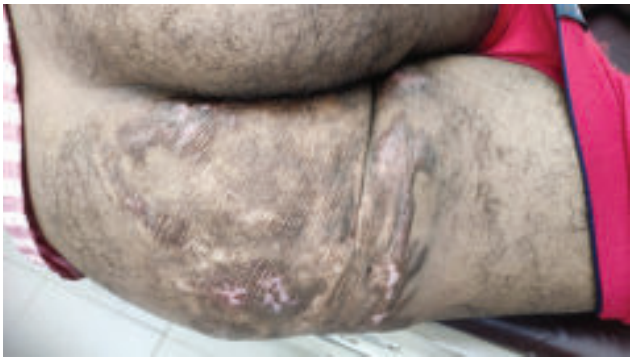
of gluteal region done and revealed dermis was infiltrated with chronic inflammatory cells and many granulomas and was diagnosed as a case of Tuberculosis verrucosa cutis. Anti-tubercular drugs was started and 2 months after treatment patient showed marked improvement with flattening of the lesion.



2 months after treatment

According to a study conducted in North India in 2011, the most common variant of cutaneous tuberculosis was lupus vulgaris (55%), followed by scrofuloderma (25%), orificial tuberculosis (5%), and TVC (5%).[1]

Lesions of TVC occur on the areas exposed to trauma and infected sputum or other tubercular material. In Europe, the lesions are most likely to occur on the hands; whereas in Asia, the knees, ankles, and buttocks are mainly involved.[2]

The whole lesion may be massive with infiltrated papillomatous excrescence and firm consistency, with areas of relative softening. Sometimes clinical resemblance to warts, hypertrophic lichen planus, oriental sore, chromoblastomycosis, etc., can create diagnostic dilemma. Psoriasiform, sporotrichoid, and keloidal appearance of TVC has also been described and sometimes it can even clinically mimic lupus vulgaris.[3] Occasionally, exudative and crusted features are predominant. Deeply destructive papillomatous and sclerotic forms, exuberant granulomatous form, and even multifocal TVC have been reported in the literature.[4,5] Histopathology shows nodular or diffuse tuberculoid granulomatous inflammation involving the papillar and reticular dermis. The granuloma consists of lymphocytes, plasma cells, epithelioid cells; with or without Langhans or foreign body giant cells. The overlying epidermis shows moderate to severe hyperplasia (pseudoepitheliomatous hyperplasia). Our case is even more unusual as there was no evidence of immune suppression and multifocal ,extensive pattern of the disease in this patient may be attributed to multiple sites of entry of the organism, as there was no other focus that was discovered.

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