



Synonymous etiology antonymous morphology: Ambidexterity of cutaneous tuberculosis

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ABSTRACT

Cutaneous tuberculosis continues to draw special attention. It still meets all the criteria for prioritisation of a public health disorder. The anthrozoönotic transmission of mycobacterium tuberculosis following micro trauma is well established. But combination of different types of cutaneous tuberculosis in a single patient is a rare entity. We report a case of lupus vulgaris with tuberculosis verrucosa cutis in a single patient.

Keywords: Cutaneous Tuberculosis, Ambidexterous Manifestations, Tuberculosis Verrucosa Cutis

INTRODUCTION

Cutaneous tuberculosis constitutes 1.5% of extrapulmonary forms with resurgence in recent years. [1] Tuberculosis verrucosa cutis (TBVC) results from exogenous bacillary inoculation in previously sensitised immune individuals, manifesting as verrucous plaques at trauma prone sites. [2] Lupus vulgaris (LV) being the commonest type of cutaneous TB presents as well defined plaque of papulonodules with scarring, healing in one area and activity in another. [3]

CASEREPORT

A male cattleherd aged 18 presented with raised skin lesions over the right leg since 6years. It started as papule following thorn prick on right sole and progressed to a verrucous

lesion. Within 2 months similar lesions occurred over the dorsum of right foot, followed by an annular lesion over the right thigh after 1month. Examination revealed multiple verrucous plaques over the dorsum, sole, medial border of right foot. Annular plaque of 8 x 5 cm size with peripheral nodules, central atrophy seen over the extensor aspect of right thigh. There was no regional lymphadenopathy. X-ray of chest & right foot, hemogram were normal. Tuberculin test was positive (15mm). KOH smear from annular lesion, sputum for AFB were negative. Biopsy from verrucous and annular plaque was consistent with TBVC and LV respectively. Patient was started on category 1 antitubercular therapy (ATT). Lesions resolved within 3 months of starting the anti-tubercular therapy.



Picture:A



Picture:B

Picture A&B- Pre & post treatment photographs showing TBVC over Rt Sole



Picture: C



Picture: D

Picture C & D: Pre & post treatment photographs showing TBVC over the Rt dorsal foot



Picture: E



Picture: F

Picture E & F: Pre & post treatment photographs showing Lupus vulgaris over the Rt thigh



Picture: G



Picture: H

Picture G & H: Pre & post treatment photographs of entire Rt lower limb

DISCUSSION

Manifestations of cutaneous tuberculosis depend on portal of entry and host immunity. In our case, the patient is a barefooted cattleherd favouring the risk of acquiring infection. Secondary occurrence of LV from TBVC is by lymphatic spread, as exhibited by the patterned distribution of the lesions. [4] Diagnosis was made based on history, cardinal morphological features and histopathological characteristics. With starting 6 months therapy of ATT (Antitubercular treatment) category 1 the response was marked within a period of 3 months and lesions flattened out gradually and

patient was followed up continuously till 6 months therapy.

CONCLUSION

Case reports of ambidexterous manifestations in the same patient are very few. Such rare occurrences should prompt the dermatologists to look for other associations and address the persistence of potential infection. Cutaneous tuberculosis is elusive as it mimics a wide differential diagnosis despite several sophisticated diagnostic techniques. Thereby it is important for clinicians to promptly recognize the variants of cutaneous tuberculosis to prevent misdiagnosis.

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