

Case Report

PSORIASIFORM LUPUS VULGARIS

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Summary: Tuberculosis is a major public health problem in both developing and developed countries. Cutaneous Tuberculosis constitutes a minor proportion of extra –pulmonary manifestations of Tuberculosis. Lupus Vulgaris (LV) is one of the clinical variants of Cutaneous Tuberculosis. A case of a large plaque type psoriasiform lesion of lupus vulgaris on the thigh, of 15 years' duration, in an 18-year-old girl is reported. This case highlights the ignorance level among the patients and consequent failure to avail proper anti-tuberculous treatment despite campaign in print and audio visual media.

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Key words: Lupus Vulgaris, Psoriasiform LV

INTRODUCTION

Tuberculosis, termed the “captain of the men of death” is a major public health problem. With effective anti-tuberculous therapy, there has been a decline in recent times. With the advent of HIV infection, there is a resurgence of tuberculosis. Cutaneous tuberculosis constitutes a minor proportion of extra-pulmonary Tuberculosis and Lupus Vulgaris is one of its clinical variants. A case of plaque type lesion of Lupus Vulgaris on the thigh in a 18-year-old girl is reported here. The ignorance of the patient and the chronic nature of the condition are highlighted.

CASE REPORT

A 12-year-old girl presented with the complaint of a hyperkeratotic verrucous plaque on the right gluteal region of nine years duration. There was a history of fever on and off, for a few months but no respiratory symptoms like cough. There was no contact history of tuberculosis among family members. She had chicken pox at three years of age and has since become totally blind in both eyes. Right eye showed a vascularised cornea and in left eye there was a corneal opacity.

Cutaneous examination revealed a 10" x 13" well defined indurated psoriasiform, scaly, plaque

with areas of ulceration on the right thigh and gluteal region (Fig.1). She also had verruca vulgaris lesions on the left thigh. There was no inguinal lymphadenopathy. Before any further management, she absconded from the hospital and was untraceable for follow-up.

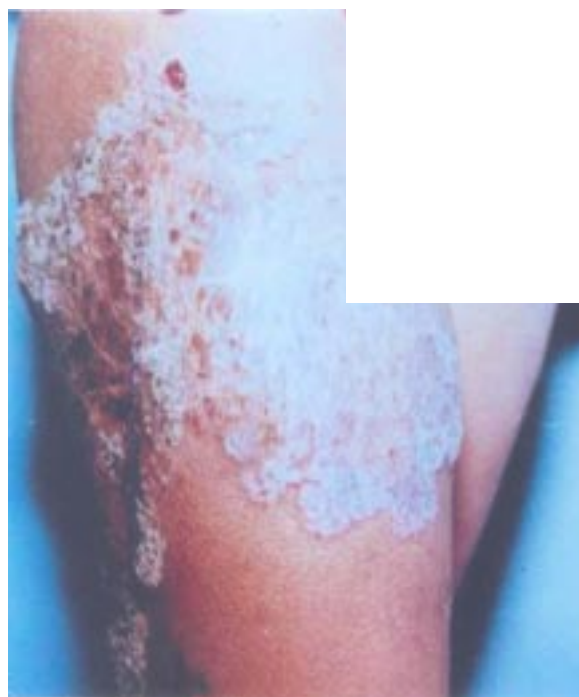


Fig.1: 10" x 13" well defined indurated psoriasiform, scaly, plaque with areas of ulceration on the right thigh and gluteal region

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Fig. 2: Partially healed lesions with scars on the right thigh (after 6 years)

However, she resurfaced six years later, as an 18-year-old girl, with partially healed lesions scars on the right thigh and gluteal region. (Fig. 2). She also had lesions of scabies.

Except for an elevated ESR of 36 mm, her hematology and biochemical investigations were within normal limits. Roentgenogram of chest was normal. Other systems were normal clinically except for the eye changes. Mantoux test was positive. A biopsy from the gluteal region showed the typical non-caseating tuberculous granulomas composed of epithelioid cells, Langhan's giant cells and peripheral rim of lymphocytes. The epidermis showed hyperkeratosis, parakeratosis and acanthosis. Zero Tissue sections were negative for AFB by ZN stain.

Patient was started on standard anti-tuberculous therapy with category I drugs, i.e., INH 600mg, Rifampicin 450mg, Pyrazinamide 1500mg,

Ethambutol 1200 mg thrice weekly and Pyridoxine 10mg, daily. The lesions began to heal well.

DISCUSSION

An ulceration that tore into the flesh, viz. was like the ravages of a wolf, probably fitted the clinical description and explains the word "lupus" " which means wolf. The commonness of this condition in earlier times accounts for the adjective - Vulgaris, in Lupus Vulgaris¹. The earliest description of Lupus Vulgaris was by Erasmus Wilson in 1865. The other synonyms for this condition are "tuberculosis luposa" and "tuberculosis luposa cutis"².

Lupus Vulgaris is a progressive form of tuberculosis occurring in people with moderate or high degree of immunity and is more common in women³. The lesions of LV progress steadily and although spontaneous involution does occur, new lesions arise within old scars and without therapy complete healing is rarely observed⁴. The patient was unavailible for follow-up for six years during which she had no anti-tuberculous treatment. However, there were symptoms of incomplete healing at her second visit clinically, while histopathology demonstrated tuberculous granulomas still.

The clinical variants of tuberculosis are many and include hypertrophic, plane, ulcerative, and scarring forms in addition to mucosal (nasal, oral and conjunctival) lesions^{5,6}. Rarely psoriasiform mutilating, vegetative and nodular lesions occur³. The patient had the psoriasiform lesions of LV, at her first visit.

Lupus Vulgaris originates from a tuberculous condition or a clinically inapparent focus elsewhere in the body by hematogenous, lymphatic or contiguous spread⁴. In view of the absence of a tuberculous focus, it could be presumed that in our patient, the primary focus is clinically inapparent as opined by Wolff and Tappeiner.

Lesions of Lupus Vulgaris are asymptomatic⁴ which explains the long interval

between the initial and the latter consultations in our patient. In Western countries, face is reported to be the most common site of involvement⁴ while in India, lower extremities, especially the buttocks are affected more commonly as in our patient. The probable hypothesis is that the bacilli lying dormant for years are re-activated by trauma and non-specific inflammation³.

Though tuberculosis is an easily treatable infective condition, the chronicity and the sequel as in our patient highlight lacunae in health delivery system. The importance of educating community about the nature of the disease and treatment options available, to achieve reduction in associated morbidity cannot be over emphasized.

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