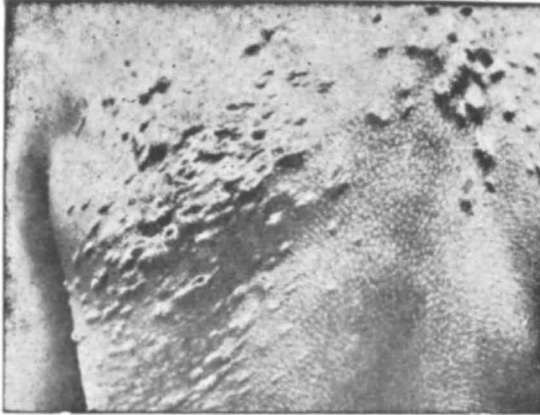


WHAT IS YOUR DIAGNOSIS !



Tender smooth nodules and papules on left side of back, neck and face

Differential diagnosis :

1. Neurofibroma
2. Leomyoma
3. Syringo cystadenoma
4. Tricho-epithelioma
5. Sarcoidal and other granulomas

34 year old male came with these skin lesions of 10 years duration. They were painful. Injection of adrenaline 0.2cc into one of the nodules demonstrated reduction of its size indicating contractable nature of the lesion.

Biopsy confirmed it as Leomyoma

DIAGNOSIS

SYMPTOMATIC PURPURA FOLLOWING TUBERCULIN TEST (A case report)

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The tuberculin skin tests (Mantoux Test) is one of the most reliable test in medicine (Stead⁴) and occurrence of purpura following it is exceedingly unusual and hardly it is seen in literature. In fact intracutaneous (Mantoux) test is considered to be most reliable and safe (Stead⁴). Rarely the occurrence of tubercular eye disease was noted shortly after the test. Here we report a case of Thrombocytopenic (symptomatic) Purpura following Mantoux Test.

Case Report

A 20 year old Hindu male was admitted in this hospital in October, 1971 with purpuric spots all over the body with bleeding per rectum, gums and subconjunctival haemorrhage for the last six days. He said that he had cervical lymph nodes enlargement last year and Mantoux Test was performed this year at Kanpur. Four days after test he developed fever with itching, blister formation at the site and later on he noticed purpuric spots all over the body with epistaxis and malena. He also noted red patch in his eyes (subconjunctival haemorrhage) and bleeding from gums. He had frequent motions 5-6 per day with fresh blood without any pain in abdomen. There was no history of such purpuric spots in his family members or in his past illness.

On Examination

The young man of average build, anaemic showed multiple purpuric spots, petechiae on the trunk and all the four limbs of varying size from pin head to

2 x 1 cms. At the site where Mantoux test was performed there was dark blue necrotic area 2 x 1.5 cms with area of redness around it. Subconjunctival haemorrhage was present with bilateral enlargement of posterior and anterior cervical lymph nodes which were firm and matted. Vital signs were within normal range and systemic examination could not reveal any abnormality.

Investigations

Haemoglobin 9.8 gms% total leucocyte count 11,800/cu. mm. with polymorph 64% lymphocytes 26% eosinophils 8% and monocytes 2% with normocytic hypochromic general blood picture. Bleeding time 1 hour 55 mts. platelet count 42,000/cu. mm. Urine showed microscopic haematuria and fresh blood in stool. Liver function test was within normal range.

Response to Treatment

He was given betamethasone sodium phosphate (Betnesol) 0.5 mg. tablet two tablets every six hourly and fresh blood transfusion with other supportive measures. Bleeding from various sites continued for 6-8 days but gradually decreased in amount. After 15 days platelet count came to 1,72,000/-cumm. and bleeding time to 1 mt. 20 sec. Sternla puncture was done when no bleeding was seen from various sites for 6-7 days. The bone marrow showed normocellular pattern with erythroid myeloid ratio of 1 : 5. Platelet formation appeared to be less than normal and few mega-karyocytes seen which were apparently normal.

Patient was discharged after three weeks with platelet count of 1,98,000/cumm. and cortisone therapy was tapered off over a period of a week and advised to attend the out-patient department for check up.

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