

SEGMENTAL TUBERCULOSIS VERRUCOSA CUTIS

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A case of segmental Tuberculosis Verrucosa Cutis is reported in 10-Year-old boy. The condition was resembling the ascending lymphangitic type of Sporotrichosis. The lesions cleared on treatment with INH 150 mg daily for 6 months.

Key Words : Skin Tuberculosis, Segmental, Warty

Introduction

Tuberculosis verrucosa cutis is not a rare entity. Lesions occur on areas exposed to trauma and infected sputum or other tuberculous material. A case of accidental superinfection through a thorn prick leading to the lesion which spread segmentally resembling the ascending lymphangitic type of sporotrichosis is described.

Rare forms like, deeply destructive (ulcerative) papillomatous, sclerotic¹, and an exuberant granulomatous² have been described.

Case Report

A 10-year-old boy presented with history of asymptomatic verrucous lesion over the lateral side of the (R) heel, followed by a thorn prick of 2 months duration. Gradually the verrucous lesions went on appearing in a linear pattern over the (R) lower limb. No history of cough, fever or weight loss. The boy was vaccinated against tuberculosis. Cutaneous examination showed warty lesions over lateral aspect of (R) foot, medial aspect of the thigh and in the groin. Healed scars were seen over the outer aspect

of the (R) thigh. Mantoux test was strongly positive. Chest x-ray was normal. Skin biopsy showed hyperkeratosis, acanthosis and papillomatosis and in the dermis well defined tubercular granulomas consisting of langhan gaint cells, necrosis and lymphocytic infiltration. PAS stain for fungus was negative.

Patient was given 150mg INH daily for 6 months; Warty lesions disappeared completely.

Comments

Tuberculosis verrucosa cutis patients usually have moderate or high degree of immunity. Our patient had strongly positive Mantoux test to support this criteria. The usual form of warty tuberculosis is of localised verrucous type. Deeply destructive papillomatous and sclerotic forms which can cause deformity of limbs has been rarely reported.

Complete disappearance of warty lesions after the treatment with INH is strongly suggestive of tusercular etiology.

References

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