TUBERCULOUS PANNICULITIS

k Krishna, M B Gharpuray

A rare case of tuberculous panniculitis in a 2-year-old girl who presented with a progressively increasing large nodular plaque over the back of 2 months duration is being reported. Diagnosis was confirmed histopathologically, and on the basis of a positive accelerated BCG test.

Key Words : Panniculitis, Tuberculosis

Introduction

Panniculitis is a group of diseases in which the focus of inflammation is in the subcutaneous layer. When inflammation is primarily located in the septa, it is designated as septal panniculitis, whereas the presence of inflammatory cells primarily in the fat lobules is classified as a lobular panniculitis ; through overlap often occurs.

Lobular panniculitis which is suppurative or granulomatous can be caused by a direct invasion of the subcutis by fungal and bacterial agents like the gummatous or ulceronodular stage of syphilis, tuberculosis, scrofuloderma and leprosy.[1] Rarely, lupus vulgaris, tuberculosis verrucosa cutis and some of the tuberculids may also involve the subcutaneous tissue.[2]

From the Department of Skin and V.D.Rural Medical College, Pravara Medical Trust, Loni BK - 413736, Maharashtra, India.
Address correspondence to :
Dr. K.Krishna
23 Sopan Baug Cooperative Housing Society, Pune - 411001, Maharashtra,India.

Case Report

A 2 - year - old girl was brought to the skin department with a progressively increasing swelling over the back of 2 months duration. There was no history of parental consanguinity, fever, trauma, tuberculosis or drug intake prior to the onset of symptoms. Child was fully immunised with normal milestones, and was a product of full term normal delivery.

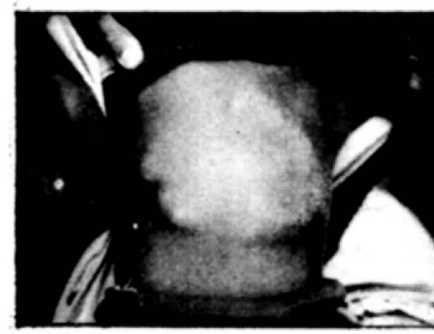

Fig.1. Large, well defined, annular plaque over the back.

General examination revealed an anaemic child weighing 8 kg with axillary and cervical non

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Indication : T-bact is indicated for the topical treatment of Primary Skin Infetions: Impetigo, Folicullitis, Furunculosis and Ecthyma. **Secondary Infections :** Infected dermatoses ie. Infected eczema, infected traumatic lesion eg., abrasions, insect bites, minor wounds and minor burns.**Prophylaxis:** T-bact be used to avoid bacterial contamination of small wounds, incisions and other clean lesions, and to prevent infection of abrasions and small cuts and wounds.

Dosage and Administration : Adults and Children: A small amount of 'T-Bact' ointment should be applied to the affected area three times a day for 10 days, depending on the responses. The area under treatment may be covered with a gauze dressing. Patients not showing a clinical response within 7days should be re-evaluted.
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Use in Pregnancy and Lactation : Studies on experimental animals have been shown 'T-Bact' to be without teratogenic effect. However, there is inadequate evidence of safety to recommended use of 'T-Bact' during pregnancy. Use with caution during lactation if a cracked nipple is to be treated, lactation from affected

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tender, firm lymphadenopathy. Systemic examination was not contributory, except for firm, non tender hepatomegaly of 1 cm in the right mid clavicular line. Local examination revealed a 10 x 12 cms, well defined, firm non tender annular plaque with central clearing and nodules at the periphery covering almost the entire back of the child (Fig.1). The temperature over the swelling was slightly raised, it was not fixed to the underlying structures, however the skin overlying it could not be pinched up.

Investigations revealed Hb 9 gm %, TLC 13,600/cu mm with 42% lymphocytes, ESR 30 mm, normocytic hypochromic RBC on blood smear, normal serum amylase and LFT, negative Mantoux test with 5 tu PPD, highly positive 8 mm positive accelerated BCG test at 48 hours, primary complex on chest skiagram. X ray of lumbar spine showed soft tissue swelling without calcification ruling out myositis ossificans. Histopathological examination of the 2 nodules from the right and left side of the back was consistent with the diagnosis of lobular panniculitis without vasculitis.

The child was diagnosed as a case of tuberculous panniculitis, and given antituberculosis treatment with 3 drugs- INH, rifampicin and pyrazinamide. She showed dramatic response with almost complete resolution of the swelling at 1 month follow up visit.

Discussion

This rare case of tuberculous panniculitis has many interesting features-early onset, rapid progression, absence of systemic manifestations and dramatic resolution with antituberculosis treatment. However, the rare possibility of Rothman-Makai syndrome, a spontaneously resolving localized form of lobular panniculitis, cannot be ruled out.[1]

Refernces

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