

## ORIFICIAL TUBERCULOSIS (Report of 2 cases)

P A Sarojini, K Yogirajan and S M Shanmugham Pillai

Two cases of orificial tuberculosis had associated diffuse pulmonary tuberculosis. The first case presented as an ulcer on the inner aspect of the right cheek and the second case presented as a genital ulcer not healing with usual antibiotics. He also had an ulcer on the centre of the tongue. The first case was diagnosed as a malignant ulcer and the second case as a venereal ulcer initially. But the investigations proved them to be of tubercular aetiology.

Key words: Tuberculosis, Orificial.

Tubercular infection of the orificial mucosa and adjacent skin is extremely rare. It is usually a manifestation of advanced systemic tuberculosis and is a poor prognostic sign.<sup>1</sup> During the last one year we have seen 2 cases of orificial tuberculosis.

### Case Reports

#### Case 1

A 40-year-old male patient reported for a superficial ulcer on the inner aspect of right cheek of 2 months duration. He had no skin lesions and his general health was good. His blood VDRL test was negative. He was prescribed vitamin B complex tablets and saline gargles. After one month the size of the ulcer had increased to 1 cm in diameter, the surface had become irregular and there was slight induration. Because of the painless nature, the chronicity and the irregularity of the surface, a provisional diagnosis of malignant ulcer was made and the patient was referred for a biopsy of the lesion which revealed a tubercular ulcer. Then the patient was investigated for systemic tuberculosis. His Mantoux test was 15 mm, ESR was 110 mm, sputum was positive for AFB and his x-ray chest showed diffuse infiltration of both lung fields suggestive of pulmonary tuberculosis.

#### Case 2

A 45-year-old male patient was referred for an ulcer on the penis of 6 months duration which was not healing with antibiotics. He did not give any history of extra-marital contact and his wife and two children were healthy. The patient was moderately nourished and built. He had clubbing of the fingers. There was an ulcer measuring 1.5 cm in diameter on the shaft of the penis close to the prepuce at 1 to 3 O'clock position. The margins were sloping and the surface was covered with unhealthy granulation tissue. The inguinal lymph nodes on both sides were just palpable. He had an irregular soft ulcer 3 cm × 2 cm in diameter at the junction of the posterior third and the anterior two-thirds of the tongue. There was no regional lymphadenopathy. All other systems were clinically normal. Smears from the genital and oral ulcers for *Treponema pallidum*, Donovan bodies and Ducrey's bacillus were negative. Blood VDRL test was negative. Smear for AFB was positive from both ulcers. Mantoux test was 10 mm in diameter, ESR was 90 mm and x-ray chest showed infiltration of the upper and middle portions of both lung fields suggestive of pulmonary tuberculosis. Two months after starting the antitubercular treatment, the ulcers were healing well.

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From the Department of Dermatology, Medical College Hospital, Trivandrum-695011, India.

Address correspondence to: Dr. P.A. Sarojini.

### Comments

These two cases represent orificial tuber-

culosis with extensive pulmonary tuberculosis. In spite of extensive pulmonary tuberculosis, both these patients were apparently in good general health and never complained of any evening rise of temperature, cough or loss of weight. The first case was diagnosed as a malignant ulcer and the second case as a venereal ulcer initially. The oral ulcer in the first case was on the cheeks and in the second case, it was in the centre of the tongue. Usually the tip and the sides of the tongue are involved in tuberculosis,<sup>2,3</sup> but in our case the centre of the tongue was involved. It is suggested that orificial tuberculosis is usually due to a direct lymphatic spread or haematogenous extension from an internal organ or due to re-inoculation.<sup>4-7</sup> In these cases the sputum was positive for AFB and the oral ulcer might have resulted from re-inoculation of tubercle bacilli from the sputum to sites of minor trauma. The genital ulcer could be due to haematogenous spread.

These two cases indicate that though orifi-

cial tuberculosis is rare, the possibility of this condition should be kept in mind in all chronic, non-healing ulcers of the oral mucosa and genitalia.

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