UMBILICATED PAPULES AS A MANIFESTATION OF TUBERCULID

J S Pasricha, Ramji Gupta and A K Khare

A 10-year-old girl developed recurrent, non-itchy, skin-coloured, umbilicated papules along with scrofuloderma in the left inguinal region, and constitutional disturbances. A quick response to anti-tubercular treatment, a highly positive Mantoux test and the histopathological findings suggest that the papular lesions were an atypical tuberculid.

Key words : Tuberculid, Umbilicated papules, Scrofuloderma.

Several clinical conditions labelled as tuberculids in the past, are no longer considered to be tuberculids.[1] The incidence of the remaining so-called tuberculids such as lichen scrofulosorum and papulo-necrotic tuberculids is so low that often one wonders, if these diseases really exist. On the contrary, tuberculids can sometimes manifest in a pattern which does not conform to any of the known clinical descriptions.[2] We describe observations on a child who had scrofuloderma in the inguinal region, and umbilicated papules elsewhere on the skin clinically resembling reactive perforating collagenosis, but ultimately found to be a manifestation of tuberculid.

Case Report

A 10-year-old female child started having mild fever in the evenings along with loss of appetite, loss of weight, joint pains and a swelling in the left groin. There was no cough, haemoptysis, chest-pain or breathlessness. The inguinal swelling gradually increased in size and subsequently ulcerated through the overlying skin. Two and a half months later, she started developing recurrent, non-itchy, skin-coloured papules located mostly on her buttocks, but also on her extremities. Most of the papules had a central umbilication or a whitish plug. Each lesion would disappear in 10-15 days leaving behind hypopigmented scars surrounded by a hyperpigmented halo.

Her ESR was 106 mm, Mantoux test was highly positive, and a lymph node biopsy from the left inguinal region showed scrofuloderma. A biopsy of the papule on the buttock showed a focus of degeneration of the dermal collagen surrounded by histiocytes and lymphocytes (Fig.1). This area of degeneration seemed to be communicating with the surface suggesting a diagnosis of perforating granuloma annulare.

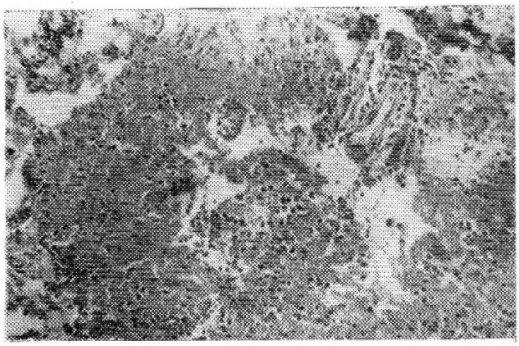

Fig. 1. Histopathology of the skin lesion.

Serial sections of the tissue along with special stains, Masson's trichrome and Verhoff's von Geison, did not reveal any specific features, but a single giant cell (Fig. 2) could be seen in one of the sections, at the periphery of the granuloma.

From the Department of Dermatology and Venereology, All India Institute of Medical Sciences, New Delhi-110 029, India.

Address correspondence to : Dr. J. S. Pasricha.

Treatment with isonicotinic acid hydrazide 150 mg and ethambutol 300 mg a day, led to a marked reduction in the size of the inguinal swelling within one month. In addition, all the papular lesions also disappeared and so did the constitutional symptoms. The same treatment was continued for 1½ years and there was no recurrence of any of the lesions.

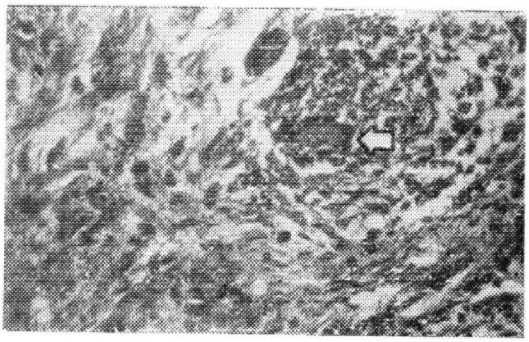

Fig. 2. Giant cell in the granuloma.

Comments

The diagnosis of scrofuloderma in this patient was never in doubt. The papular lesions however, were clinically considered to be reactive perforating collagenosis, while the histopathological diagnosis was perforating granuloma annulare. There were no doubt, several features which were atypical. The possibility of a tuberculid was considered only in retrospect, chiefly because of the quick response to anti-tubercular treatment without any recurrence. The other criteria for tuberculid,[3] namely the presence of a focus of tuberculosis and a highly positive Mantoux test were already there. The lesions were atypical, the characteristic feature being the umbilication—a whitish plug on the top of the skin-coloured papule. There was no necrosis, characteristic of the papulo-necrotic tuberculid.

References

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