

## TUBERCULOSIS VERRUCOSA CUTIS OF THE SCROTUM

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A 13-year-old boy had asymptomatic slowly progressive warty growth on the scrotum for 4 years. Examination revealed a 4 cm X 2 cm keratotic, nontender, indurated plaque on the right side of the scrotum. Histopathological examination of the lesion showed epithelioid cell granuloma with giant cells and lymphocytes in the dermis. Mantoux test was 15 mm X 20 mm. A diagnosis of tuberculosis verrucosa cutis of the scrotum was made. Six months of therapy with INH 150 mg and rifampicin 300 mg daily resulted in complete clearance of the lesion,

**Key Words :** Tuberculosis verrucosa cutis, Scrotum

### Introduction

Cutaneous tuberculosis is quite common in India. Tuberculosis verrucosa cutis (TVC) is an infection of the skin by *Mycobacterium tuberculosis* in individuals with a moderate-to-high degree of immunity against the organisms.<sup>1</sup> The infection is exogenously acquired, and hence the lesions usually appear on exposed, trauma prone areas.<sup>2</sup> We report a patient of tuberculosis verrucosa cutis on the scrotum which is an unexposed and protected site.

### Case Report

A 13-year-old boy had an asymptomatic gradually progressing warty growth on the right side of the scrotum for 4 years. The lesion was not preceded by any apparent trauma. There were no constitutional or systemic symptoms. He did not have any past or family history of tuberculosis.

Cutaneous examination revealed a keratotic, dark brown, nontender, indurated plaque, 4 cm x 2 cm in size, with mildly erythematous irregular margins on the right side of the scrotum (Fig. 1). There was no significant lymphadenopathy. Systemic examination was unremarkable.

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Fig. 1. A lesion of tuberculosis verrucosa cutis in the scrotum.

Histopathological examination of the lesion showed pseudoepitheliomatous hyperplasia of the epidermis and an epithelioid cell granuloma having giant cells and lymphocytes in the dermis (Fig. 2). Ziehl-Neelsen staining of the tissue did not reveal

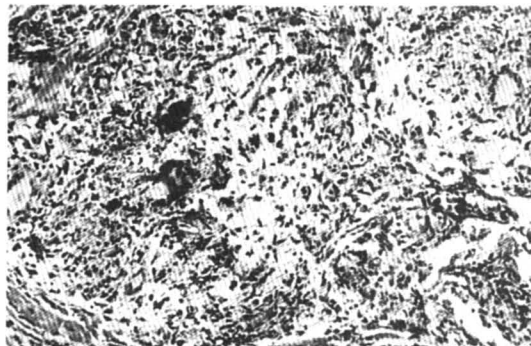


Fig. 2. The granulomatous infiltrate showing giant cells and lymphocytes in the dermis (H&E x 150).

any acid-fast bacilli. The Mantoux test was positive (15 mm x 20 mm in size). Haematological investigations revealed a normal haemogram except for the ESR which was raised to 35 mm/ hour. Other routine investigations on the blood, urine and stool were unremarkable. Skiagram of the chest showed no abnormality.

On the basis of these clinical features, histopathology and Mantoux test, a diagnosis of tuberculosis verrucosa cutis was made. The patient was treated with rifampicin 300 mg and INH 150 mg daily for six month which resulted in complete clearance of the lesion. After 6 month the repeat histopathological examination of the tissue was unremarkable.

## Discussion

Tuberculosis verrucosa cutis occurs in those individuals who have already had tuberculosis and developed a moderate-to-high degree of immunity against the organisms.<sup>2</sup> The sites which are commonly involved are the fingers, hands, wrists, ankles, feet, knees and heels.<sup>3</sup> Rarely, unconventional covered

areas like the buttocks, thighs and legs may also be involved.<sup>4,5</sup> The occurrence of a TVC lesion on the scrotum, which is always a covered and protected site, is rather unusual. Possibly this young boy acquired the infection through some inapparent minor trauma.

## References

1. Rieder HL. Tuberculosis verrucosa cutis: clinical picture and response to short course chemotherapy. *J Am Acad Dermatol* 1988; 18: 1367-9.
2. Golden RL. Sir William Osler and the anatomical tubercle. *J Am Acad Dermatol* 1987; 16: 1071-4.
3. Saving JA. Mycobacterial infections. In: *Textbook of dermatology* (Champion RH, Burton JL, Ebling FJG, eds). 5th edn. Oxford: Blackwell Scientific publications 1992; 1046-9.
4. Wong KO, Lee KP, Chiu SF. Tuberculosis of the skin in Hong Kong. A review of 160 cases. *Br J Dermatol* 1968; 80: 424-9.
5. Prendiville J, Kaufman D, Esterly NB. Psoriasiform plaque on the buttock. *Arch Dermatol* 1989; 125: 113-8.

## ANNOUNCEMENT

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