

CUTANEOUS TUBERCULOSIS IN EASTERN LIBYA

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Analysis of the clinical and laboratory data from 21 patients of cutaneous tuberculosis seen over a period of 10 years revealed that it is rare in eastern Libya. There were 15 males and 6 females. Lupus vulgaris was seen in 11, scrofuloderma in 4. Three patients each had tuberculosis verrucosa cutis and papulo-necrotic tuberculid. The diagnosis in each case was confirmed histopathologically.

Key words : Cutaneous tuberculosis, Libya.

Cutaneous tuberculosis is on the decline all over the world. Libyan Arab Jamahiriya is no exception. The present study is an analysis of 21 patients of skin tuberculosis seen over a period of 10 years at the Dermatology Department of Al-Jamahiriya Hospital which is the main referral centre catering to the dermatological needs of people in eastern Libya.

Materials and Methods

Clinical diagnosis of cutaneous tuberculosis was confirmed histopathologically in all patients. Their age, sex, nationality and duration of the disease were recorded and a special enquiry was made to ascertain any family history of cutaneous or systemic tuberculosis. In each patient, a thorough systemic examination and appropriate investigations were carried out to detect any internal focus of tuberculosis. Laboratory investigations in addition to a skin biopsy included total and differential leucocyte counts, erythrocyte sedimentation rate, tuberculin test, chest skiagram and smear from skin lesions for acid fast bacilli stained with Ziehl Neelsen stain. It was not possible to carry out cultural and animal inoculation studies.

Results

Of 21 patients with cutaneous tuberculosis, lupus vulgaris was observed in 11, scrofuloderma

in 4 and 3 patients each had tuberculosis verrucosa cutis and papulo-necrotic tuberculid respectively. There were 15 males and 6 females; 3 were foreign nationals (2 from Chad and 1 from Thailand). Ten patients were in their 2nd and 3rd decades. The duration of the lesions varied from 3 months to 15 years. Eight patients reported within 1 year of onset of lesions, while the duration was 15 years in 2 cases of tuberculosis verrucosa cutis. Family history of tuberculosis was absent in all cases. No patient had tuberculosis cutis orificialis or tuberculous gumma.

Of 11 patients with lupus vulgaris, the sites affected were buttocks (6), face (3), dorsum of foot (1) and back (1). Ulcerative plaques with discharging sinuses on the neck were seen in 2 patients with scrofuloderma. Similar morphology was observed on forearm and anterior abdominal wall in the other 2 patients of scrofuloderma. All 3 patients of tuberculosis verrucosa cutis had single lesion on the dorsum of foot. In none of the 3 patients with papulo-necrotic tuberculid, any internal focus of tuberculosis was detected.

ESR was raised in every patient (30 to 55 mm in 19 cases, 55 to 70 mm in 2 cases). Tuberculin test was also positive (++) in 15 and (++++) in 6 cases) in every patient. Chest skiagram revealed pulmonary infiltration suggestive of active tuberculosis in only 1 patient with scrofuloderma. AFB smears were positive in 2 of the 4 patients of scrofuloderma but none of

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lupus vulgaris, *tuberculosis verrucosa cutis* and *tuberculid*.

Comments

Cutaneous tuberculosis appears to be extremely rare in eastern part of Libya. The prevalence of pulmonary tuberculosis in this region is 1.8%.¹ *Lupus vulgaris* was the commonest type observed; males out-numbered females, and buttocks were the commonest site affected as also observed in India,^{2,3} though studies from Western countries depict *lupus vulgaris* to be more frequent in females and head and neck are common sites.^{4,5} One patient developed *lupus vulgaris* at the site of burns, and this may be due to the indigenous treatment for burns which may have inoculated acid fast bacilli at the site.

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