# LETTERS TO THE EDITOR

## DRUG-RESISTANT CUTANEOUS TUBERCULOSIS

We have recently seen a case of lupus vulgaris, which did not respond to the standard first-line antitubercular drugs. But a dramatic response was observed after a short course of rifampicin.

A 16-year-old girl presented with an asymptomatic ulcerating and cicatrizing plaque on her buttocks, since ten years. There was no family history of tuberculosis. She did not receive BCG vaccination during childhood. Examination revealed a circumscribed, oval cicatrizing plaque, 10×6 cm in size with ulceration and verrucosity on one edge, on her buttocks. Clinical examination did not reveal any other focus of tuberculosis. Sensations in the plaque were well preserved and there was no thickening of the cutaneous nerves. A clinical diagnosis of lupus vulgaris was made. Routine investigations on blood and urine were normal. Skiagram of the chest showed no abnormality. Mantoux test was strongly positive and the test site showed necrosis. Ear lobe smear and clipped smear from the lesion did not show any acid fast bacilli. Blood VDRL was non-reactive. Histopathological study showed tuberculoid granuloma in the dermis with minimal caseation. Epidermis was atrophic. Culture of the tissue in Sabouraud's agar and Lowenstein Jensen medium did not reveal any growth. The patient was treated, while in the ward, with injections streptomycin 1 gm, INH 300 mg and thiacetazone 150 mg daily for 1 month and she was advised to continue these drugs for 2 more months. There was however, no therapeutic response to these drugs even at the end of three months. She continued INH and thiacetazone for a further period of 2 months, but due to lack of response even at this time, she was prescribed rifampicin 600 mg daily along with the other two drugs. Within 6 weeks of rifampicin therapy, there was a dramatic response and 80% of the plaque subsided leaving only a thin scar tissue. Rifampicin was continued for a further period of 6 weeks and now she is on INH and thiacetazone alone. The lesion has subsided completely.

This case is being reported to share our experience with other professional colleagues, in dealing with a problem of drug-resistant cutaneous tuberculosis. It is quite unusual to see complete lack of response to the first line antitubercular drugs in these cases. Development of resistance to these drugs is the most probable cause for the lack of response. Bacteriological study in lupus vulgaris is not practicable since the number of bacili, even if present, is scanty and *in vitro* culture usually does not reveal growth. Therapeutic response is the best judgement to assess the drug sensitivity in cutaneous tuberculosis. Due to increased number of drug-resistant cases of pulmonary tuberculosis now a days, dermatologists also can expect more number of cases of drug-resistant cutaneous tuberculosis.

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