PAPULO NECROTIC TUBERCULID

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Summary

A case of Papulo necrotic tuberculid of penis is reported. Though tuberculosis is a common problem in India, this is surprisingly the first case report. The etiopathogenesis, treatment and importance of recognition of the entity is stressed.

The term tuberculid was used by Darier in 1896 to denote recurrent, papular and nodular skin eruptions, usually disseminate and symmetric, showing a tendency to spontaneous involution. The eruption was initially thought to be a result of toxins of tubercle bacilli, but hematogenous dissemination of bacilli, their number, virulence and host resistance are some of the important factors[1]. The primary focus of infection may not be apparent in every patient[2]. There is evidence that bacilli disseminated during primary infection may remain latent[3] in the skin for considerable length of time before becoming active due to immunologic alterations in the host. The absence of tubercle bacilli in tuberculids has been described to be due to their small number and rapid destruction. Histologically although tuberculoid granuloma or an attempt at granuloma formation may be evident no specific histology is seen in many tuberculids. Response to tuberculin varies widely. Anti-tuberculous therapy has been found to be beneficial in many.

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Papulo necrotic tuberculid is one of the accepted forms of tuberculids producing necrotising lesions which heal by scar formation. The usual sites of involvement are back of hands, feet, elbows and knees. Involvement of penis was described by Castenado[4] and then by Wong et al[5], who found papulo necrotic tuberculids in nine among hundred and sixty patients with cutaneous tuberculosis. Involvement of penis was presentonly in three.

Case Report

Thirty seven years old male patient attended Dermatology Out-patient Department of Nehru Hospital of Post-graduate Institute of Medical Education and Research, Chandigarh, with the complaint of recurrent nodular eruptions on the glans penis for four months. The lesions appeared as slightly painful and itchy papules which gradually enlarged and ulcerated to discharge thick pus. Healing took place in about two week's time and resulted in pitted scars. Treatment with Benzathine penicillin and tetracyclines was ineffective. Five years back, he was diagnosed as a case of tuberculous lymphadenitis on the basis of a biopsy done at that time. Antituberculous treatment was taken for only three months.

General examination revealed no abnormality. Dusky red, indurated tender nodules about 5 mm in diameter were present on corona glandis (Fig. 1 Page No. 221). Few pitted scars of the old lesions were also seen over corona. Routine investigations including X-ray chest, sputum for AFB and urine culture for AFB were negative. Lymph node biopsy from submandibular region showed normal histology. Biopsy of the nodule revealed non-specific features with chronic lymphocytic infiltration. Acid fast bacilli were not found. Mantoux test was strongly positive. Patient was started on anti-tuberculous regimen and intralesional steroids. New lesions ceased to appear six weeks after initiation of therapy. The size of the existing lesions also reduced considerably.

Discussion

Necrotising, recurrent lesions over extremities do not pose much of a diagnostic problem in papulo-necrotic tuberculids. The occurrence of such lesions over penis has very rarely been reported[4,5]. In a review of literature[6], mention has been made about few isolated cases. The disease appears to be either rare or not diagnosed often. In view of the lesions present on the penis, it is important to recognise the true nature of the condition and differentiate it from the venereal diseases. Though tuberculosis is a common problem in our country, this is surprisingly the first report of papulo necrotic tuberculids of the penis.

Evidence supporting tuberculous etiology of tuberculids is often circumstantial. At times definite presence of tuberculosis elsewhere may be detectable. The response to anti-tuberculous drugs is beneficial in many patients. Spontaneous resolution has also been reported[1,7,8]. In the present case, past history of tuberculosis, a strongly positive tuberculin reaction and beneficial effect of anti-tuberculous treatment are some of the pointers in favour of the lesions being tuberculids.

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