

CHRONIC MILIARY TUBERCULOSIS (A Case Report)

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Summary

A patient with chronic miliary tuberculosis is being reported. The patient had miliary mottling of the lung, tubercular lymphadenitis, cervicitis and disseminated lupus vulgaris type of skin lesions.

The incidence of miliary tuberculosis has decreased significantly since the introduction of effective chemotherapy, BCG vaccination and modern public health measures. Acute miliary tuberculosis is seen commonly either in children¹ or in old people over the age of 60 years². Over a dozen cases of acute miliary tuberculosis with skin lesions have been reported in the literature³ but chronic miliary tuberculosis with skin involvement is very rare and only finds an occasional mention in the text books. We report herewith an unusual case of chronic miliary tuberculosis with cutaneous manifestations.

Case Report :

36 years old female belonging to poor socioeconomic group presented with complaints of generalised lymphadenopathy for 3 years. The lymphadenopathy initially had appeared in the axilla. This was followed 6 months later by erythematous infiltrative lesions

all over the body numbering about 30. Along with the appearance of skin lesions patient developed blood stained discharge per vaginum. She had associated constitutional symptoms in the form of low grade intermittent pyrexia, loss of weight and loss of appetite.

On examination the patient was pale, had generalised lymphadenopathy involving the neck, axillae, epitrochlear and inguinal regions. Liver was palpable 2 cm below right costal margin and was firm in consistency. There were erythematous, infiltrated plaques mostly on the extensor surfaces of extremities. Many of the lesions showed central atrophy. A few lesions on the trunk were ulcerated and showed violaceous hue at the margins (Fig. 1 & 2). On per speculum vaginal examination a cauliflower growth on the cervix was seen with tendency to bleed on touch. Investigations revealed anaemia (Hb - 9 gm%), raised ESR (100 mm 1st hr., Westergren method), and relative lymphocytosis. Biopsy of the skin, lymph node and cervical growth revealed tubercular pathology. Roentgenography of the chest showed bilateral miliary mottling. Liver function tests and liver histology were normal. VDRL test was negative. CSF examination did not

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Fig. 1 Shows atrophic infiltrated plaques and ulcerated lesions.

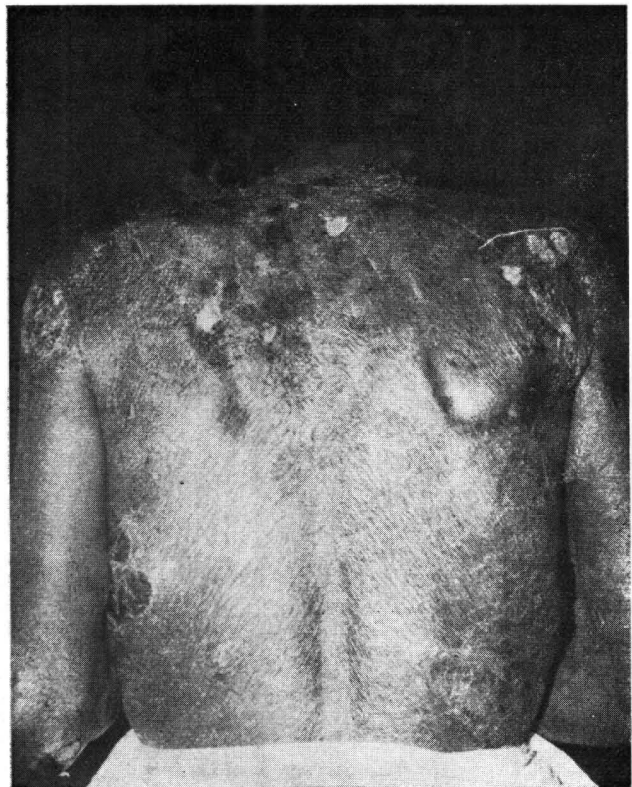


Fig. 2 Shows atrophic infiltrated plaques and ulcerated lesions.

show any meningeal involvement. Choroid tubercles were also not seen. Mantoux test was negative. Patient responded well to antitubercular therapy consisting of streptomycin 0.75 gm, INH 300 mgm and thiacetazone 150 mgm daily. Ulcerative lesions healed completely within 3 weeks, and other skin lesions disappeared entirely after 6 months of therapy.

Comment :

Chronic miliary tuberculosis results from repeated but not massive haematogenous dissemination of tubercular bacilli with establishment of multiple foci of infection in various organs⁴ while the acute form is the result of massive invasion of the blood from pulmonary or meningeal focus in infants and children following exanthematous disease or some severe infection.

The spectrum of skin lesions in miliary tuberculosis is quite variable. Acute miliary tuberculosis presents as non descript, profuse, macular, papular, vesicular, purpuric or even nodular lesions⁵. In chronic miliary tuberculosis the skin lesions have been described as multiple, indolent, dull brownish papules in or about hair follicles with violaceous borders in which sometimes ulceration may occur⁴. They tend to

mimic disseminated lupus vulgaris both clinically and histologically. In our patient there were multiple skin lesions involving the whole of the body. There were erythematous plaques with atrophy at places. The association of disseminated lupus vulgaris type of lesions as observed in this case with miliary mottling of the lungs, generalised tubercular lymphadenitis and tubercular cervicitis of 3 years duration fulfil the criteria for it being labelled as chronic miliary tuberculosis. The main aim of presenting this case is to emphasise the existence of this entity.

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