CUTANEOUS TUBERCULOSIS SIMULATING VERNEUIL DISEASE

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Summary

Cutaneous tuberculosis is a rare disease in industrialized countries. We present a case of scrofuloderma in an immunocompetent patient.

Case report

A 76 years old patient was presented with inflammatory nodules and retractile scars located in the right axilla. Histopathology revealed epithelioid and giganto-cell inflammation and at the mycobacteriology exam acid-alcohol resistant bacilli were found. Antituberculosis treatment was performed with healing of the lesions.

Discussions

The clinical aspect of scrofuloderma of the case presented brought up the differential diagnosis with Verneuil disease, especially important in the current context when treatment with anti-TNF-alpha is used in severe and refractory forms of Verneuil disease.

Key-words: *cutaneous tuberculosis, Verneuil disease, clinical aspects.*

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Introduction

Cutaneous tuberculosis is rare, accounting for 1.4 to 4.4% of cases diagnosed with tuberculosis [1][2][3]. It can be associated with other known locations of the disease and only exceptionally be isolated or revealing a multi-organ disease. If in the first case diagnosis is easy, especially if cutaneous tuberculosis is contiguous with a lymphnode localization, this is much more difficult in case of unrecognizing of the existence of tuberculosis, difficulty also due to anatomical and clinical polymorphism of cutaneous tuberculosis and difficulties of highlighting the pathogen. We present a case of scrofuloderma simulating Verneuil disease.

Clinical case

Patient aged 76 years, immunocompetent, in good general condition and without notable history was presented with inflammatory nodules located in the right axilla. Cutaneous examination revealed inflammatory nodules measuring about 2–3 cm, adherents to the deep plans and with tendency of fistulization to the skin, located in the right axilla. Retractile scars are present with the same localisation and are partly inflammatory (Fig. 1). The other folds were without other lesions. No adenopathies were found and the rest of clinical examination was normal.

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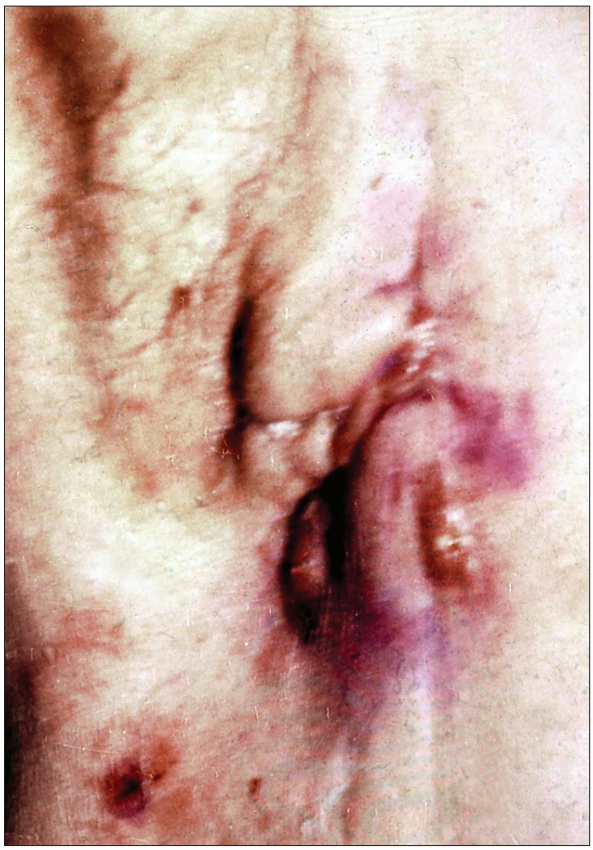

Fig. 1. Retractile scars with the same localisation and are partly inflammatory

Histological examination of a nodule revealed epithelioid and giganto-cell inflammation with no necrosis present and bacteriological examination revealed alcohol acid-resistant bacilli. The dosage of Quanti FERON TB was positive 6 UI/ml, and the tuberculin IDR was more than 15 mm in 72 hours. Thoraco-abdominal CT examination has not found arguments in favor of a pulmonary tuberculosis or other visceral disease, the gastric tubage did not reveal the presence of Koch bacillus and bone scintigraphy revealed no bone tuberculosis images. Serologies of VDRL, TPHA, HIV, HBV and HCV were negative. The diagnosis of scrofuloderma was established and the treatment was conducted with rifampicin, isoniazid, pyrazinamide for 9 months with wound healing.

Discussions

Cutaneous tuberculosis, a rare condition in industrialized countries, is characterized by a great clinical polymorphism determined by the mode of transmission of infection and the immune status of the patient [1][3][4][5][6][7].

Scrofuloderma is a form of cutaneous tuberculosis that appears by limphatic extension or contiguity of an underlying ganglionary tuberculous source or latent osteo-articular. Generally, lymph nodes are affected in the neck region, unilateral or bilateral, but ingunal, presternal or other sites lymph nodes can be affected. Onset is usually slow and painless with one or more subcutaneous firm nodules, painless, in evolution fistulises to the skin. Healing is achieved through the formation of irregular, vicious scars or fibrous adhesions.

The clinical aspect of the presented case brought up the differential diagnosis with Verneuil disease. Older age of appearance of lesions, the painless character and not affecting other folds pleads for the diagnosis of scrofuloderma, diagnosis confirmed by histopathologic and bacteriologica examination. We note the absence of affecting limphnodes or underlying bone. They have been described in the literature there were only two described cases of scrofuloderma simulating Verneuil disease. Currently, treatment with anti-TNF-alpha is used in severe and recurrent forms of Verneuil disease, treatments that may favor Mycobacterium infection.

Conclusion

Scrofuloderma differentiation of Verneuil disease is important especially when using the treatment with anti-TNF-alpha in severe forms of the Verneuil disease.

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Conflict of interest
NONE DECLARED

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