



INFECTIOUS DISEASES (BACTERIAL, FUNGAL, VIRAL, PARASITIC, INFESTATIONS)

A RARE CASE OF CUTANEOUS TUBERCULOSIS

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Background: Osteoarticular tuberculosis is one of the common extrapulmonary tuberculosis. The direct spread of osteoarticular tuberculosis to adjacent skin can lead to scrofuloderma. Scrofuloderma is a rare kind of cutaneous tuberculosis (CTB) in clinic. For its insidious disease, scrofuloderma can be misdiagnosed easily.

Observation: In our case, a 63 y.o. man have misdiagnosed as other skin infections for two years and eventually diagnosed as scrofuloderma at our department. Originally, there was a gradually enlarged subcutaneous nodule at his left sternoclavicular joint for 2 years. One month ago, ulceration appeared on the nodule. He was administrated with anti-bacteria drugs in local hospital. However, the lesions aggravated and with a lot of purulent exudation. Dermatology examination showed a toughness and tenderness subcutaneous nodule (2.5cm in diameter) in the left sternoclavicular joint region. A ulcer with a lot of purulent exudation (about 1.5 cm in diameter, 0.5 cm in depth) was seen on the nodule. Moreover, a sinus can be seen in the center of the ulcer. Skin biopsy of ulcer suggests chronic granulomatous inflammation. MRI and CT examination of the left shoulder and sternoclavicular joint suggest chronic infectious inflammation in bones and joints (possibly tuberculosis infection). His T-SPOT test is positive and PPD is strongly positive with 3+. Finally, the patient diagnosed as scrofuloderma and treated with anti-tuberculosis drugs (isoniazid, rifampicin, ethambutol, pyrazinamide). After one month, the nodule was reduced and the ulcer gradually healed. And the patient is still in follow-up.

Key message: Cutaneous tuberculosis is still a common problem in China. For the rare CTB are always misdiagnosed. In our case, the patient has been misdiagnosed for two years and been treated incorrectly. It's important to distinguish lesions caused by TB from other infectious causes.

