



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

## CASE REPORT OF LUPUS VULGARIS

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**Background:** Lupus vulgaris is a form of cutaneous tuberculosis that occurs in previously sensitized persons. The incidence is 10–15% of cutaneous tuberculosis. It develops from tuberculosis focus through hematogenous or lymphatic spread, also from tuberculosis verrucosa cutis, scrofuloderma or a bacille Calmette-Guérin (BCG) inoculation. M. tuberculosis is the predominant etiologic agent. The clinical forms may be: plaque or planar; ulcerative or mutilating; vegetating; tumor-like; and papulonodular. The head and neck region is the most commonly affected site. Mucosa can also be involved. The diagnosis is confirmed by histology and culture, PCR, blood test QuantiFERON-TB Gold. The differential diagnosis includes sarcoidosis, discoid lupus erythematosus, dimorphic fungal infections, leishmaniasis, tertiary syphilis, squamous cell carcinoma

**Observation:** A 76 -year female patient was presented with complaint of ulcers and crusts on her face, neck, right arms and chest for the one year. In the past medical history, she had tuberculosis of lung and tuberculous spondylitis. In April 2017 she was treated from cutaneous sarcoidosis with methylprednisolone. Treatment with systemic corticosteroids aggravated the condition. The biopsy was taken to verify the diagnosis. Histopathologically: epidermis with acanthosis and hyperkeratosis; the papillary and focally reticular dermis shows granulomatous inflammation with epithelioid cell granulomas. Single granulomas with scanty central caseation. At the periphery of granulomas plasma cells, lymphocytes and multinucleate giant cells are seen. No bacilli were seen.

According to clinical features, past medical history and histopathological findings the patient was diagnosed with lupus vulgaris and was switched to rifampicin.

The clinical respond was observed within 6 weeks.

**Key message:** Sarcoidosis is one of the chief causes of diagnostic difficulty. In lupus vulgaris diagnosis is based on clinical features, past medical history and histopathological examination. All patients should be treated with antituberculous agents.

