



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

## CUTANEOUS TUBERCULOSIS IN THE MILITARY ENVIRONMENT: EPIDEMIOCLINIC STUDY

M Ben Slimane<sup>(1)</sup> - I Chabchoub<sup>(1)</sup> - F Rabhi<sup>(1)</sup> - W Abdelli<sup>(2)</sup> - S Zaraa<sup>(1)</sup> - K Jaber<sup>(1)</sup> - Mr Dhaoui<sup>(1)</sup>

*Military Hospital, Dermatology, Tunis, Tunisia*<sup>(1)</sup> - *Military Hospital, Drematology, Tunis, Tunisia*<sup>(2)</sup>

Introduction: Cutaneous tuberculosis (CT) is part of infectious dermatoses. Since Tunisia is a country endemic for tuberculosis in general, we must keep in mind the possible diagnosis of a cutaneous localization with these confusing clinical aspects.

PATIENTS AND METHODS: This is a retrospective descriptive study listing all cases of CT between January 2010 and July 2018 in the dermatology department of the military hospital of Tunis.

Results: Nine cases were collected. The sex ratio H/F was 0.7. The average age was 42.The average duration of evolution was 14months. There were 6 cases of scrofuloderma and 3 cases of lupus vulgaris. An intradermal tuberculin reaction was performed in all our patients. It had returned positive in 7 cases with a phlyctenular reaction in 2 patients. Bacillus Koch's search for sputum was negative in all cases. Histopathological examination of cutaneous biopsy fragment revealed a gigantocellular granuloma with epitheloid cells in all cases.Caseous necrosis was found in only 4 cases. Seven of our patients received antituberculosis treatment (isoniazid, rifampicin, ethambutol, pyrazinamide) for a total duration of 9 months including 2 months of quadritherapy. One patient had an abnormality in color vision and therefore received ofloxacin. A patient presented with a rash and fever following the introduction of anti-tuberculosis treatment from where it stopped then the patient was lost sight of.

Conclusion: As in the literature, there is a female predominance in the military CT. The clinical forms with high immunity, especially lupus tuberculosis, are the most present next to scrofuloderms. CT should be referred to any drawling cutaneous lesion. His diagnosis is based on a bundle of clinical, biological and histological arguments. Treatment, on the other hand, is fairly well codified by both WHO and learned societies. Finally, do not forget that this treatment is not devoid of adverse effects and contraindications.





International League of Dermatological Societies Skin Health for the World

