



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

CUTANEOUS TUBERCULOSIS WITH AN UNUSUAL APPEARANCE AND LOCATION

A Sqalli Houssaini⁽¹⁾ - S Mansouri⁽¹⁾ - O El Anzi⁽¹⁾ - L Benzekri⁽¹⁾ - K Senouci⁽¹⁾ - B Hassam⁽¹⁾

Hospital Ibn Sina, Dermatology, Rabat, Morocco⁽¹⁾

INTRODUCTION: Tuberculosis is a bacterial disease caused by *Mycobacterium tuberculosis*. Its cutaneous form accounts for 2% of all extrapulmonary tuberculosis. We are reporting a case of tuberculosis with an unusual location.

CASE REPORT: A 30 year-old woman with notions of risky sexual behaviors consulted for nodules that is evolving since 2 years. Examination showed gums with a genital and inguinocrural location, as well as scrofulous scars. Skin biopsy revealed an epithelial giant-cellular granuloma with caseating necrosis and the culture of a cutaneous fragment was positive for *M. Tuberculosis*. The paraclinical assessment did not reveal any other extra-cutaneous lesions. An anti-bacillary treatment was planned.

DISCUSSION: Tuberculosis is a bacterial disease caused by *M. tuberculosis* that may affect several organs. This disease is endemic in the Maghreb, where it represents a real serious public health problem. Our case is original and unusual due to the uncommon clinical appearance and location of the nodules grouped in the inguinocrural region. It has raised several clinical diagnoses through which the origins of this condition have been discussed including tuberculous, syphilitic, actinomycotic, or cutaneous lymphoma ones. Cutaneous histology revealed the presence of epithelial giant-cellular granulomas with caseating necrosis, and has thus enabled us to retain the diagnosis of cutaneous tuberculosis. The multiplicity of the clinical forms of cutaneous tuberculosis sometimes makes diagnosis difficult. The blood-borne gums and scrofulodermas remain the most frequent forms in Morocco. According to the immuno-anatomo-clinical classification, tuberculous gum is part of the multi-bacillary forms and happens mainly to immunocompromised patients. The tuberculin skin test is generally negative. The isolation of *M. tuberculosis* on skin lesions confirms the given diagnosis. The physiological assessment must not omit looking for other visceral tuberculosis outbreaks. The anti-TB chemotherapy is the very basis of the treatment. In Morocco, it is part of the national tuberculosis control program.

CONCLUSION: Our case illustrates a rare form of cutaneous tuberculosis, that should be raised and checked even for immunocompetent subjects.

