



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

FEATURES OF CUTANEOUS TUBERCULOSIS IN OUR REGION

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Introduction: Tuberculosis is endemic in our region. Cutaneous tuberculosis (CT) is relatively uncommon.

Objective: describe clinical and epidemiological pattern and determine the evolutionary characteristics of CT.

Materials and methods: We conducted a retrospective study of all confirmed (bacteriology and/or histology) cases of CT, in the department of dermatology and the department of infectious diseases during 10 years (2008-2017).

Results: forty four patients were included (7 men, 37 women). Age at diagnosis ranged from 4 months to 81 years (mean age: 43,2 years, pediatric cases: 9%). Lesions evolved over an average of 1.2 years. Thirty three(75%) cases of scrofuloderma, 6(13,6%) cases of lupus vulgaris, 2(4,5%) cases of lupus verrucosa cutis, 2(4,5%) cases of tuberculosis gumma and one(2.2%) case of tuberculosis chancre were observed. The most affected areas were the neck(59%), upper extremities(18%), trunk(9%), axillary region(9%) and inguinal region(6,8%). Lymph node (70%), osteoarticular(16%), peritoneal (4,5%) and pulmonary (2,3%) were the main visceral involvements. Tuberculin test, performed in 35 cases, was highly positive in 85,7% of cases. The diagnosis was based on histology (90,9%) (tuberculoid granuloma(100%) and caseous necrosis(77,5%)) and bacteriology(9,1%) (positivity of PCR Mycobacterium tuberculosis). All patients received antitubercular drug regimen. Surgical treatment was indicated in 9cases. Healing of lesions was observed in 79,5% of cases with a relapse in 1case. Eight cases(18,2%) were lost to follow up and 1 patient is still undergoing treatment.

Conclusions: CT is a rare disease but it should be considered in patients presenting with persistent cutaneous lesions as tuberculosis prevalence in Tunisia is high. Our study showed female predominance, clinical polymorphism and frequency of visceral involvement. Scrofuloderma and lupus vulgaris are the most frequent presentations of CT. Tuberculin





skin test results are usually highly positive as observed in our patients. Antitubercular treatment is the standard treatment for CT. Surgical excision may be indicated in some cas

