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

LUPUS VULGARIS DEVELOPING AT THE SITE OF SCROFULODERMA MISDIAGNOSED AS LEISHMANIA

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Background: Tuberculosis is a chronic infectious disease caused by Mycobacterium tuberculosis, that mostly affects the lungs. In 2017, about 10 million people worldwide developed some form of tuberculosis. Extrapulmonary tuberculosis represents 10-20% of all types of tuberculosis, and 1.5% of these cases are cutaneous tuberculosis. The most frequent clinical manifestations of cutaneous tuberculosis are scrofuloderma and lupus vulgaris. The clinical and histopathological forms of cutaneous tuberculosis may resemble other infectious diseases.

Observation: A 19-year-old Peruvian man presented with an erythematous plaque in the left inguinal area with no other constitutional symptoms. Initially, the lesion was an erythematous, suppurative nodule which over the course of six months grew into a 6 by 7 cm plaque with defined edges, irregular shape, shiny surface, and light desquamation. This lesion was overlying a 1 cm mobile, painful adenopathy. The histopathological study of the skin lesion showed a severe lymphocytic inflammatory infiltrate, with the presence of granulomas and giant multinucleated Langhans cells. The PAS, Giemsa, Grocott and Ziehl-Neelsen stains were negative for microorganisms. Patient´s chest X-ray and acid-fast bacilli stain in sputum were negative. It was not possible to perform PPD testing. Skin biopsy PCR tested positive for Leishmania, which lead the physicians to treat the patient with sodium stibogluconate. The lesion partially improved, but subsequently got worse. After six weeks, skin culture turned positive for Mycobacterium tuberculosis. The patient was treated with antituberculous drugs and the lesion resolved completely.

Key message: Cutaneous tuberculosis is infrequent, and the development of lupus vulgaris from scrofuloderma is even rarer. Lupus vulgaris presents a diagnostic challenge due to the similarity of its clinical presentation and histopathology with other granulomatous infectious diseases, and the uncommon identification of Mycobacterium tuberculosis in tissue stains or cultures. The biomolecular tests will always be of diagnostic help, but not necessarily conclusive.