



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

PAPULONECROTIC TUBERCULID-CASE REPORT AND REVIEW OF LITERATURE

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Cutaneous tuberculosis is a relatively uncommon, comprising 1-1.5% of all extrapulmonary tuberculosis manifestations, which manifests only in 8.4-13.7% of all tuberculosis cases . Although rare, given its global prevalence, it is imperative for the clinicians to distinguish the many clinical variants of cutaneous tuberculosis and the masquerading infections—granulomatous syphilis, discoid lupus erythematosus, psoriasis, tuberculoid leprosy, sarcoidosis, actinomycosis, mycetoma, bacterial abscesses, and other skin infections—to preclude missed or delayed diagnosis

Tuberculids are acute or chronic cutaneous forms of tuberculosis, appearing with diverse clinical forms, having a propensity of hyperergic expressions, active TB, or disseminated forms . The discrete relationship between tuberculids and TB continues to be debated because the clinical forms usually have a symmetrical distribution, tuberculous involvement (usually inactive) of viscera or lymph nodes, and the absence of AFB (low positivity to culture and PCR) in the lesions .

Papulonecrotic tuberculids are the commonly observed form of cutaneous in children and young people . They appear as painless, symmetrical erythematous, or violaceous papulonodular lesions noted particularly around the face, ears, extensor areas of the trunk, extremities, and buttocks, leaving a depressed scar . Here is a case report of papulonecrotic tuberculoid. My case, a young lady of 29 years of age suffered for almost a decade with waxing and waning vesiculobullous lesions, healing with scarring, giving her physical and mental agony. Her condition could not be diagnosed even at a tertiary care teaching hospital, most like because the eyes could not see as mind never thought of a rare disorder. A simple testing of Mantoux and looking into the histopathology mixing with clinical features led to a clear-cut diagnosis and relief from a decade of suffering. Lesson is to keep the possibility of PTN in similar cases.

The presentation will also review the current literature

