



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

TB OR NOT TB? A CASE OF A 15-YEAR OLD FEMALE WITH TUBERCULOSIS VERRUCOSA CUTIS

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Background: Tuberculosis Verrucosa Cutis is a form of cutaneous tuberculosis that is caused by the exogenous inoculation of *Mycobacterium tuberculosis* or *Mycobacterium bovis* in previously sensitized individuals with high immunity.

Observation: A 15-year-old female, from the Philippines, reported to the outpatient clinic with a 5-year history of enlarging erythematous verrucous plaque on the right elbow after acquiring an abrasion from a fall. There was no fever, cough, colds and weight loss. Past medical and family history were unremarkable.

On physical examination, patient presented with an erythematous, verrucous plaque measuring 2 x 0.4 x 2 cm with irregular borders topped with whitish scales over the right elbow. Dermoscopy showed an erythematous plaque with whitish reticular streaks, and hyperpigmented crusts. Histopathology from her right elbow showed pseudoepitheliomatous epidermal hyperplasia with hyperkeratosis and a dense dermal infiltrate of neutrophils, lymphocytes, and giant cells arranged in multiple well-formed tuberculous. Mantoux tuberculin skin test showed a positive induration of 13mm, Real time- polymerase chain-based showed negative for *M. Tuberculosis*. Tissue and sputum gene expert showed MTB not detected. A diagnosis of Tuberculosis Verrucosa Cutis was made. Patient was started on Anti-Koch's treatment given isoniazid, rifampicin, ethambutol, and pyrazinamide, daily for 2 months, followed by isoniazid and rifampicin for 4 months. Within three months, the patient had good response with improvement of lesions and at the end of 6 months, all the lesions completely resolved.

Key message: Our case of cutaneous tuberculosis remained undiagnosed for 2 years. Although cutaneous tuberculosis may be regarded as a rare finding in developed countries, it is not uncommon in countries with endemic tuberculosis such as the Philippines. Delay in referral may lead to long-standing extensive lesions. Awareness and education of early diagnosis and management of cutaneous tuberculosis are key to reducing the number of cases similar to ours.

