

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

TUBERCULOSIS VERRUCOSA CUTIS AND ERYTHEMA INDURATUM OF BAZIN IN A COUPLE: AN INTERESTING CASE REPORT

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Introduction: Cutaneous tuberculosis (TB) is an extrapulmonary form of tuberculosis. It can be acquired exogenously or endogenously and present as a multitude of varied clinical morphologies. We report tuberculosis verrucosa cutis in a husband and erythema induratum of Bazin in his wife, which have been diagnosed based on history, clinical presentation, skin biopsy findings and dramatic resolution of lesions with anti-tuberculosis medications.

Case summary: The husband is a 36-year-old who presented with few erythematous hyperkeratotic plaques on the left thigh and the forehead for 2 years. Skin punch biopsy hyperkeratosis and parakeratosis of the stratum pseudoepitheliomatous hyperplasia of the epidermis with spongiosis and moderately dense lichenoid and nodular granulomatous inflammatory infiltrate of epithelioid histiocytes and lymphocytes. The diagnosis was tuberculosis verrucosa cutis. The wife is a 40-year-old who presented with a 1-year history of slightly tender, multiple erythematous to hyperpigmented nodules on the both lower legs. Skin punch biopsy showed dense lobular granulomatous inflammatory infiltrate of histiocytes, lymphocytes and multinucleated giant cells, which confirmed the clinical diagnosis erythema induratum. The PPD test was done for both husband and wife, which revealed exaggerated reactions. Both patients were initially given isoniazid, rifampicin, pyrazinamide and ethambutol for 2 months, followed by 4 months of isoniazid plus rifampicin, which resulted to complete resolution of all lesions with residual hyperpigmentation.

Conclusion: Diagnosis of cutaneous TB is challenging and requires the correlation of clinical findings, histopathology and PPD testing. It is important to be familiar with the many clinical faces of cutaneous tuberculosis to prevent delayed diagnosis. The occurrence of 2 different forms of cutaneous TB in a couple is rare and the pathophysiology should be further elucidated. The course and prognosis depend on the immune status of both hosts. The treatment is curative except for patients with a severely compromised immune system.

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