



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

TUBERCULOSIS VERRUCOSA CUTIS ON THE FINGER OF A HEALTHCARE WORKER: REVISITING OLD HAUNTS

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Background: Tuberculosis Verrucosa Cutis (TBVC) is a cutaneous, paucibacillary infection of tuberculosis (TB) occurring after exogenous reinfection of the skin in previously sensitised individuals. Historically known as prosector's wart, TBVC was a common occupational disease in those who prepared dissections and autopsies. Cutaneous reinfection of TB can result from accidental exposure to human tuberculous tissue by physicians, pathologists, and laboratory personnel, after contact with contaminated surgical instruments or infected tissues. The incidence of TBVC has reduced as hygiene, housing, and healthcare environments have improved.

TBVC typically presents as a solitary, dusky-red, verrucous plaque on the hands in adults and lower limbs in children. It can masquerade as other inflammatory dermatoses due to its variable clinical appearance. Consequently, TBVC often poses a diagnostic dilemma, hindering appropriate management.

TBVC typically resolves after treatment with standard anti-TB therapy over several months.

Observation: A 23-year-old female was referred to a dermatology outpatient clinic with a 1-year history of a tender, 6x6mm verrucous papule on her left index finger. It had enlarged and developed surrounding erythema 6 months prior. She sterilised surgical instruments in the emergency department for work, and occasionally sustained injuries to her hands. She had a history of primary tuberculosis at 5 years, which was treated with anti-Koch's medications for 6 months.

A punch biopsy revealed histological findings consistent with TBVC. This was supported by a positive Interferon-gamma release assay test and a strongly positive Mantoux test.

Her lesion resolved with residual scarring after 6 months of treatment with anti-TB medication.

Key message: TBVC is a rare cutaneous tuberculosis that often poses a diagnostic dilemma due to its variable clinical presentations. TBVC should be considered in individuals living in endemic areas with cutaneous lesions and a history of TB. Accurate diagnosis is vital to provide appropriate therapies, prevent complications and minimise morbidity.

