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

UNCOMMON MANIFESTATION OF EXOGENOUS CUTANEOUS TUBERCULOSIS IN A RENAL TRANSPLANT RECIPIENT

Jstw Kim [1] - Ac Andrade [1] - Mcc Ferreira [1] - Vacc Lima [2] - Ca Seque [1] - Am Porro [1]

Unifesp, Dermatology, Sao Paulo, Brazil [1] - Hospital Do Rim, Hospital Do Rim, Sao Paulo, Brazil [2]

Background: Tuberculosis is an infectious disease that manifests in the skin in 1-2% of patients, with different clinical presentations in immunosuppressed patients, including renal transplant recipients (RTR)

Observation: A 44-year-old male, inmate, RTR 16 years before, presented with a 7cm diameter ulcer with muscle exposure and purulent discharge on scapular area.
Laboratory tests revealed leukocytosis and elevated C-reactive protein, with blood cultures, serology for HIV and for Histoplasma negatives. Ultrasonography showed a collection of 3.0 x 1.8cm in the region of the supra and infra-scapular muscles. Chest computed tomography showed calcified nodular opacities with sequelae appearance. Surgical debridement was performed. The skin material was sent for anatomopathological study and cultures, and collection material for analysis.
Histopathological examination revealed a chronic granulomatous inflammatory process with suppuration, with positive direct detection of acid-fast bacilli. Analysis of the subcutaneous collection revealed direct detection for acid-fast bacilli positive, culture positive for Mycobacterium tuberculosis complex (M. tuberculosis) and rapid molecular test positive for M. tuberculosis, susceptible to rifampicin. Antibiotic therapy with piperacillin-tazobactam and vancomycin, and antituberculosis polychemotherapy regimen with RIPE (rifampicin, isoniazid, pyrazinamide and ethambutol) was initiated, with clinical and laboratory improvement. A new skin biopsy was performed to search for acid-fast bacilli, which turned out to be negative.

Key message: Exogenous cutaneous tuberculosis includes tuberculous chancre and verrucous tuberculosis. Endogenous cutaneous tuberculosis may present as orificial, gumma, miliary, scrofuloderma or lupus vulgaris.
In the case presented, even without a history of local prior trauma, the lesion was considered caused by inoculation from an exogenous source, with an atypical clinical presentation, since no internal focus was found and kidney transplant had been performed 16 years earlier. We emphasize the importance of considering M. tuberculosis infection as a differential diagnosis in RTR with cutaneous nodules or ulcers.