



TROPICAL DERMATOLOGY

MULTIFOCAL TUBERCULOSIS VERRUCOSA CUTIS A CASE OF DIFFICULT DIAGNOSIS

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Background: Cutaneous tuberculosis (CTB) is a rare disease, despite the high prevalence of tuberculosis in the world (one third of the global population). The agents of TB are *Mycobacterium tuberculosis*, *Mycobacterium bovis*, and the Bacille Calmette-Guerin vaccine. The routes of transmission can be exogenous or endogenous. Cutaneous tuberculosis includes lupus vulgaris and tuberculosis verrucosa cutis (TVC), scrofuloderma and tuberculosis cutis orificialis.

Observation: Of the different cutaneous varieties, this case is an unusual finding of a multifocal TVC. We present a male patient of 44 years in the agricultural field, without any significant clinical history with a 1-year evolution of nodular lesions, granulomatous, ulcerated in the right leg that progresses to the hip and upper limb; he was treated with corticosteroids (betamethasone), and creams (antibiotic, corticosteroids, antifungal) without any improvement. The diagnosis of TB was made by clinical and histopathological examination and the patient received specific tuberculosis treatment for 6 months with a good response. Despite scientific advances in microbiological confirmation tests, they remain poorly accessible in developing countries and the lack of a sensitive method for reliable diagnosis is still a major public health problem in the world. The CTB is often an elusive pathology that mimics a wide variety of differential diagnoses and often evade laboratory tests, the most widely used is PCR (polymerase chain reaction). The early diagnosis and treatment of CTB will prevent complications.

Key message: It is important that doctors can recognize the many clinical variants of CTB, in order to avoid misdiagnosis or delayed diagnosis by maintaining a high suspicion of CTB in chronic skin lesions, especially those who do not respond to multiple treatments because tuberculosis prevalence is high in our countries.

