



TROPICAL DERMATOLOGY

## PAPULONECROTIC TUBERCULID AND ERYTHEMA INDURATUM IN A FILIPINO WOMAN: A CASE REPORT

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**Background:** Papulonecrotic tuberculid, Lichen scrofulosorum and erythema induratum are classified as true tuberculids defined as cutaneous manifestation of Tuberculosis without organisms present in the lesions. Most of the time, true tuberculids occur singly in an individual. Appearance of two or three tuberculids in a single patient is rare.

**Observation:** We described a 23-year-old Filipino woman who presented with five year history of skin lesions on arms and both feet. This was preceded by a seven year history of cervical lymphadenopathy treated as a case of suspected tuberculosis prescribed anti-Koch's which she only took for months. On physical examination, she was noted to have morphologically different eruptions with the first consisted of necrotic papules, and vesicles on arms and legs and second were composed of erythematous ruptured and unruptured nodules on both feet. Tuberculin test showed an induration measuring 15mm interpreted as positive. FNAB of the mass aspirate showed cytologic findings consistent with chronic granulomatous inflammation. Chest radiography was normal. Skin punch biopsies were done on the necrotic papules and nodule. Biopsy of lesion on the right arm showed thinning of the epidermis, spongiosis and exocytosis of lymphocytes. Dermis revealed focus of necrosis and moderately dense perivascular and periadnexal inflammatory infiltrate of histiocytes, lymphocytes and plasma cells which extends into the subcutis. Findings were consistent with Papulonecrotic Tuberculid. Biopsy of the nodule showed nodular granulomatous inflammatory infiltrate consisting of lymphocytes, histiocytes and plasma cells with extension to the subcutis with presence of vasculitis consistent with erythema induratum. After treatment with Anti-Koch's, all the lesions disappeared within 1 month. No relapse was noted.

**Key Message:** In a country where Tuberculosis is prevalent, high suspicion of true tuberculids should always be considered. Correlation of the histopathologic findings supported by a positive Mantoux skin test and dramatic response to anti-tuberculosis medications established this diagnosis.

