



TROPICAL DERMATOLOGY

TROUBLE DIAGNOSIS OF VERTICAL FACE INJURY: LUPUS TUBERCULOSIS

Nadia Baali⁽¹⁾

Arrazi Hospital, Faculty Of Medicine And Pharmacy, Department Of Dermatology And Venereology, Marrakech, Morocco⁽¹⁾

Introduction: We report the case of a patient with lupus tuberculosis, with a negative biological assessment, of difficult diagnosis simulating cutaneous sarcoidosis.

Observation: A 49-year-old woman who had had a erythematous, centro-facial paprika for 6 months, increasing very slowly. Upon admission, there was a 10 × 8.5 cm verrucous cupboard at the centro-facial level, with no other associated sign, in a context of apyrexia and general state preservation. The biological assessment was normal. BK sputum was negative. The tuberculin IDR was negative. The search for Koch's bacillus was negative on cutaneous samples and sputum. The cutaneous biopsy revealed an epithelio-gigantocellular granuloma without caseous necrosis. The bacteriological, mycological examination of the biopsy fragment was negative. The expert gene for identifying *Mycobacterium tuberculosis* was negative. In addition, chest X-ray revealed hilar interstitial syndrome complemented by thoracic CT, which showed mediastinal lymph nodes associated with interstitial disease. During her hospitalization, the patient was placed on cyclins, 200 mg daily for 20 days, then metronidazole 750 mg daily for 01 months without any improvement. An anti bacillary treatment 2RHZE / 4RH was initiated and a dramatic improvement was noted after the first two months of treatment.

Discussion: Diagnosis of cutaneous tuberculosis remains difficult because of the large polymorphism of the anatomoclinical tables and the multiplicity of differential diagnoses and especially the difficulty of isolating *Mycobacterium*.

Conclusion: Lupus tuberculosis is an etiology to take into account before an old cutaneous lesion in our country where the prevalence of cutaneous tuberculosis remains high.

