



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

TUBERCULOSIS VERRUCOSA CUTIS MIMICKING UNILATERAL PUNCTATE PLANTAR KERATODERMA: A CASE REPORT

Sondang Aemilia Pandjaitan Sirait⁽¹⁾ - Patricsia Manalu⁽¹⁾ - Kusmarinah Bramono⁽¹⁾

*Dr. Cipto Mangunkusumo National General Hospital, Indonesia/faculty Of Medicine
Universitas Indonesia, Dermatology And Venereology, Jakarta, Indonesia⁽¹⁾*

Background: Tuberculosis verrucosa cutis (TVC) is a paucibacillary form of cutaneous tuberculosis caused by exogenous re-infection in previously sensitized individuals. Clinical appearance of TVC is mostly very typical with well-defined warty plaques presenting mostly on hands, knees, ankle, and buttocks.

Observations: A 41-year-old Asian female with thickening on her left sole since she was 11 years old. The thickening started small on the pressure areas and has gradually expanded to involve the whole plantar areas. There were no similar lesions on other parts of the body. No history of tuberculosis in the family.

Dermatological examination of the left sole revealed punctate yellow hyperkeratotic plaques that coalesce into a large plaque extending from the heel to the toes sparing the foot arch. On palpation the lesion was firm, rough, and non-tender. No lymphadenopathy was found. Clinically the lesion resembles punctate plantar keratoderma. Surprisingly histopathological examination showed massive hyperkeratosis at the epidermis and sparse epithelioid granulomas with Langhans giant cells, which were visible after serial sectioning.

Key message: TVC on plantar can be difficult to diagnose and leave untreated due to its indolent nature and atypical presentations. In atypical variants of cutaneous tuberculosis, one has to rely on investigations like histopathology for a suggestive diagnosis of TVC and confirmed my microbiological culture for Mycobacterium tuberculosis or polymerase chain reaction (PCR).

