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TUBERCULOSIS VERRUCOSA CUTIS: A CASE REPORT

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ABSTRACT

We report a case of Tuberculosis verrucosa cutis on the knee that had been present for more than 3 years in a 22year old man. He had a strongly positive mantoux test and a normal chest radiograph. TBVC is a paucibacillary form of cutaneous Tuberculosis caused by exogenous reinfection in previously sensitized individuals. The diagnosis of TBVC is based on history and evolution of the disease, along with the classical clinical morphology and histopathological characteristics. He was treated with anti-tuberculous drugs and the skin lesion resolved completely.

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INTRODUCTION

Tuberculosis verrucosa cutis is a form of cutaneous Tuberculosis occurring as a result of exogenous re-infection in previously sensitized individuals. Inoculation occurs at sites of minor wounds or abrasions and rarely from the patient's own sputum. TBVC usually occurs on the hands in adults and on the lower extremities in children (Gruber *et al.*, 2002). The various other synonyms for this condition are warty tuberculosis, lupus verrucosus, verruca necrogenica, prosector's wart, anatomist's wart, post mortem wart (Lundgren *et al.*, 1987). A patient sensitized to mycobacterium tuberculosis begins to develop an immune response, which may sometimes result in a disease in the spectrum of cutaneous tuberculosis. TBVC occurs in patients with moderate to high degree of immunity (Sehgal *et al.*, 2005).

Case report

A 22year old man presented with painless horny keratotic lesion over the left knee for 3years duration. He gave a history of trauma at that site. The lesion started as a painless small raised skin lesion, gradually enlarged over a 3year period. BCG vaccination scar was not present. His personal and family history were not contributory.

He had taken multiple courses of antibiotics for the same. Dermatological examination revealed a well-defined, irregular, keratotic, verrucous lesion measuring 7×9cm over the dorsum of left knee (Figure 1). It was painless and firm in consistency. There was no regional or generalized lymph adenopathy. General physical examination including the respiratory system, was normal. Both HIV and VDRL tests were negative, but the mantoux test was positive with induration of 24mm after 72 hours (5TU). Chest x-ray (PA view) was absolutely normal. Sputum smear for acid fast bacilli was negative in 3 samples



Figure 1

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The histopathological examination of biopsy specimen showed pseudoepitheliomatous hyperplasia with diffuse granulomatous inflammation in dermis (Figure 2).

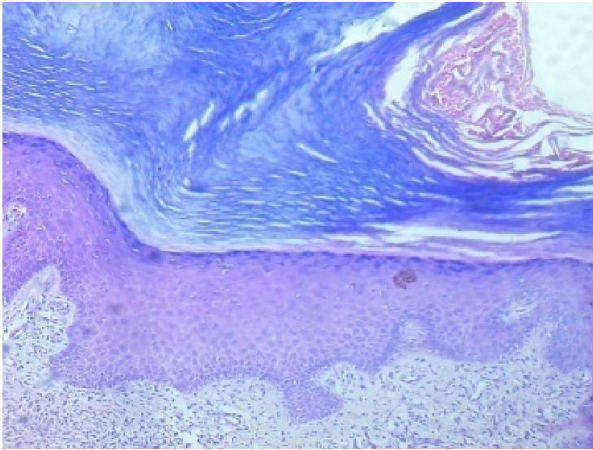


Figure 2.

Ziehl Neelsen and PAS stains did not demonstrate any acid fast bacilli (from skin smear). Fungal and bacterial cultures from the skin biopsy were negative. Culture from the biopsy specimen for mycobacterium tuberculosis was negative after six weeks. Patient was started on WHO category -1 anti tuberculosis drugs. The lesion cleared after 6 months of anti tuberculosis chemotherapy.

DISCUSSION

Tuberculosis verrucosa cutis occurs in previously sensitized individuals due to exogenous re-infection with mycobacterium tuberculosis (Lizawa *et al.*, 1991). The incidence of TBVC have been seen more frequently in Asia compared to western countries (Pereira *et al.*, 2000). Adult men are reportedly the most commonly affected, probably because they are more often involved in manual work and liable to trauma (Pomeranz *et al.*, 1996).

The most frequently reported location of TVBC lesions are knees, foot and sole in India (Umapathy *et al.*, 2006). In our case the lesion was on the knee, following history of trauma. The classical clinical morphology, positive Mantoux test and histopathological findings along with therapeutic response to ATT were seen in our case.

Conclusion

Cutaneous TB is still an important health problem in developing countries and TBVC must be considered for lesions having a persistent verrucous plaque localized on any part of the body. We are reporting this case because of its unique appearance and the indolent nature of the disease.

REFERENCES

- Gruber, PC., Whittam, LR. and Du Vivier, A. 2002. Tuberculosis verrucosa cutis on the sole of the foot. *Clin Exp Dermatol*; 27:188-91
- Lundgren, R., Norman, E. and Asbert, I. 1987. Tuberculosis infection transmitted at autopsy. *Tubercle*; 68:147-50
- Sehgal, VN., Sardana, K., Bajaj, P. and Bhattacharya, SN. 2005. Tuberculosis verrucosa cutis: antitubercular therapy, a well-conceived diagnostic criterion. *Int J Dermatol*; 44:230-2
- Lizawa, O., Aiba, S. and Tagami, H. 1991. Tuberculosis verrucosa cutis in a tumour-like form. *Br J Dermatol*; 125:79-80(pubmed)
- Pereira, MB., Gomes, MK. and Pereira, F. 2000. Tuberculosis verrucosa cutis associated with tuberculosis lymphadenitis. *Int J Dermatol*; 39:856-8
- Pomeranz, MK., Philip, O., Jerone, S. and Rena, B. 1996. Mycobacteria and skin. In: Rom WM, Garay S, editors. vol.57. London: little brown company: P 657-67.
- Umapathy, KC., Begum, R., Ravichandran, G., Rahman, F., Paramasivan, CN. and Ramanathan, VD. 2006. Comprehensive findings on clinical, bacteriological, histopathological and therapeutic aspects of cutaneous tuberculosis. *Trop Med Intern Health*; 11:1521-8 (pubmed).
