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Metastatic tuberculous abscess of the thorax

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We present a 47 year-old male with a six year history of a purulent ulcer at the parasternal region. Biopsy showed a granulomatous infiltrate with giant multinucleated cells and mycobacteria was cultured in Löwenstein-Jensen medium. PCR was positive for *Mycobacterium tuberculosis*. Mantoux test was 15 mm. Chest radiography showed right apical and basal reticular infiltrate. Culture was negative and no evidence of Acid-Fast Bacilli (AFB) on sputum and urine samples. HIV was no reactive. Improvement was observed after antituberculous therapy. The patient lost his social security; we could not undertake any clinical or epidemiological monitoring. Cutaneous tuberculosis is a rare form of extrapulmonary tuberculosis (3.5% of cutaneous tuberculosis). Its incidence has increased for the emergence of AIDS, use of immunosuppressive monoclonal antibodies but also by the emergence of multi-resistant strains, lack of interest in social control programs related to antituberculous, overcrowding, promiscuity and migration of people from endemic areas. Metastatic tuberculous abscess is the result of hematogenous dissemination, which can occur in immunocompromised or immunocompetent patients. It usually affects trunk and extremities with a "cold" abscess with secondary liquefaction, sinus tracts and ulcers. Lesions can multiple in military tuberculosis. Currently, diagnosis of tuberculosis should include culture and identification of species/complexes and drug sensitivity, after probability criteria such as: Tuberculoid granuloma with or without caseous necrosis; positive PPD or tuberculosis confirmed in another organ and a therapeutic trial with success after one week. Treatment includes a scheme of four drugs Rifampicin 150 mg, Isoniazid 75 mg, Pirazinamid 400 mg and Ethambutol 300 mg. Treatment should last for six months, as well as for treating patients co-infected with HIV, regardless of the stage of viral infection and patients should have treatment restarted when cultures and diagnostic testing persist with positive results.

Biography

Silvia Cristina Jaramillo Manzur is currently studying the last year of Medical Surgeon course in Mexico. Her love for Medicine began from her childhood as her father was also a surgeon who always urged her to know more about his career. She would like to practice as a Dermatologist in the future, for what she has already taken the first step since she passed the national exam of Medical Residency to perform a year of Internal Medicine and later Dermatology.

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