Lupus Vulgaris Revealing Pulmonary Tuberculosis


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ABSTRACT
Cutaneous tuberculosis is rare, it accounts for 2% of all extrapulmonary tuberculosis and is one of the multiple clinical presentations of extrapulmonary tuberculosis.

The lupus vulgaris is a particular clinical form and is often represented by a single lesion, the multiple forms associated with pulmonary tuberculosis are rare.

We present a new case of multiple skin lesions of the face of a lupus vulgaris revealing pulmonary tuberculosis.

Keywords: Cutaneous tuberculosis; Lupus vulgaris; Apyrexia

CASE REPORT
A 47-year-old patient presented for skin lesions, evolving for several years in a context of weight loss, asthenia and apyrexia. On examination, we had objectified, annular and maculopapulous lesions, the lesions were strictly localized on the face [1].

The scalp, the nails and the mucous membranes were without abnormality, as well as the rest of the clinical examination. The first skin biopsy was in favour of non-specific inflammatory infiltrate, a second anatomopathological examination of the forehead lesion showed an epitheliogigantocellular granuloma with caseous necrosis in favor of tuberculosis.

The radiological assessment objectified lesions that suggested pulmonary tuberculosis [2-4].

The Koch bacillus research was negative on the skin and in sputum. Dermo reaction of Tuberculin was positive. A chest scanner found a tuberculosis barracks. Skin and lung lesions have progressed favourably under tuberculosis treatment.

DISCUSSION
Lupus vulgaris is an extremely chronic, progressive form of cutaneous tuberculosis. The earliest description of lupus vulgaris was given by Erasmus Wilson in 1865 [5]. It usually occurs through contiguous extension of the disease from underlying affected tissue or hematogenous or lymphatic spread [6].

Lupus vulgaris can be confused with leishmaniasis, leprosy, tertiary syphilis, deep fungus, sarcoidosis etc; [4]. In this particular form of skin tuberculosis, the bacillus enters the skin through the bloodstream or contiguousness [1]. Histopathology shows tuberculoid granulomas composed of lymphocytes, plasma cells, epitheloid cells and giant cells, scant or absent central caseation, in the superficial dermis. The epidermis is usually hyperplastic, but may be atrophic or ulcerated.

Tubercle bacilli are difficult to demonstrate [8]. The curative treatment of tuberculous lupus is identical to the others forms of tuberculosis. He is based on immediate polychemotherapy to avoid any form of resistance. The pattern used for our patient
was (6 months), includes Rifampin plus Isoniazid plus Pyrazinamide, for 2 months, then Rifampin plus Isoniazid for 4 months [4].

CONCLUSION

Our patient illustrates the difficulties and delay in the diagnostic of this form of skin tuberculosis. The multiplicity of lesions and their localization, the presence of a caseous necrosis in histology, the association with progressive pulmonary tuberculosis are, in fact, not usual in lupus tuberculosis.

Conflicts of Interest

No conflicts of interest

REFERENCES