A 12-YEAR-OLD BOY presents with painless swelling and ulceration on and around his nose that has progressed gradually over the last 6 months. The lesion has increased in size despite treatment with topical neomycin and oral erythromycin. He has no systemic symptoms.

On examination (FIGURE 1), we note an indurated, nontender plaque with scarring at places on his right cheek, nose, and the vermilion border of the lip. In addition, there are two purulent ulcerations on the nose partly destroying the right nasal wing. The upper lip is also infiltrated, studded with a solitary ulceration. There is no regional lymphadenopathy. An examination of systems is normal.

Q: What is the diagnosis?

☐ Lupus vulgaris (tuberculosis of the skin)
☐ Wegener granulomatosis
☐ Midline lethal granuloma (natural killer T-cell lymphoma)
☐ Hansen disease (leprosy)
☐ Lupoid form of cutaneous leishmaniasis

A: Lupus vulgaris is the correct diagnosis. Cutaneous tuberculosis occurs in many forms, and lupus vulgaris is one of the most common. Lupus vulgaris usually arises as a result of hematogenous spread from an endog-
FaCial swelling

enous source. It may also arise from exogenous inoculation or as a complication of vaccination with bacille Calmette-Guérin.1

Several morphologic variants have been described.1,2 One form is characterized by plaques, often studded with psoriasiform scales. Large plaques may show irregular areas of scarring with islands of active lupus tissue and a thickened and hyperkeratotic margin. Ulcerative and mutilating variants of lupus vulgaris are characterized by scarring, ulceration, crusts over areas of necrosis, and destruction of the deep tissues and cartilage, resulting in deformities. The vegetative form produces marked infiltration, ulceration, and necrosis, with minimal scarring. Mucous membranes and cartilages are often destroyed. Tumor-like hypertrophic lesions and multiple papular and nodular lesions may also be seen. Nasal lesions may start as nodules, which may bleed and then ulcerate, sometimes resulting in cartilage destruction.

■ CLINICAL FEATURES AND LABORATORY WORKUP CLINCHED THE DIAGNOSIS

A number of factors helped to confirm the diagnosis in this patient:

• A strongly positive Mantoux test (22-mm induration at 48 hours)
• Acid-fast bacilli on Ziehl-Neelsen staining of the smear taken from the purulent ulceration
• Isolation of Mycobacterium tuberculosis from the purulent exudates via culture in Lowenstein-Jensen medium
• A suggestive histopathologic picture (FIGURE 2)

■ REFERENCES


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