Extensive Scrofuloderma

Tuberculosis is widely prevalent in India. It may occur in various forms but primary or predominant cutaneous involvement in tuberculosis (scrofuloderma) is distinctly rare.

We report this case in a 12-year girl having widespread, longstanding ongoing active involvement of skin in neck as necklace lesions, both groins and sacral area with underlying involvement of cervical and inguinal nodes. Her illness started about 7 years ago as multiple enlargement of cervical nodes followed by discharging sinus and healing by scar formation in neck-lace distribution with keloid tendency. (Figs. 1A and 1B). For last 2 years, she has enlargement of inguinal nodes on both sides with non-healing discharging sinuses (Fig. 2). She also has a non-healing large skin ulcer on sacral area for last 2 years (Fig. 3). Additionally, she has constitutional symptoms of low grade evening rise of temperature, weight loss, night sweats etc for last 7 years. She has not received any anti-tubercular treatment earlier. Clinical examination failed to reveal involvement of any other system. Diagnosis of tuberculosis has been established by FNAC of cervical lymph-node showing caseating epithelioid granuloma and strongly positive ELISA IgM for tuberculosis. She has been started on 4 drug ATT (RHZE), to which she is responding satisfactorily.

Cutaneous tuberculosis may occur in various forms of which scrofuloderma often results from breakdown of skin overlying a tubercular focus, usually a lymphnode, but sometimes at the skin over infected bones or joints. Pathogenesis of sacral ulcer in the present case seems to be due to direct inoculation by contaminated hand as the underlying bones and joints appeared normal in X-ray.

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