

Medical Quiz Answers

1. Scrofuloderma.
2. Tuberculous chancre, tuberculosis verrucosa cutis, lupus vulgaris, tuberculous gumma and tuberculosis cutis orificialis.

DISCUSSION

The incidence of tuberculosis (TB) is estimated to be 10 million; extra-pulmonary TB accounts for 10%, of which, 1.5% are cutaneous^{1,2}. Variation of cutaneous presentation is attributed to multiple factors including the number of bacilli, the route of infection, the immunity of host and the presence of internal tuberculous focus³.

Scrofuloderma occurs due to the contagious spread of TB from an underlying TB infection, typically the cervical lymph nodes of a sensitized host with low immunity. It manifests as subcutaneous nodules with purulent or caseous drainage where sinuses and ulcers with granulating bases may develop⁴.

Chest X-rays are essential to exclude systemic TB. Tuberculin test is usually positive, though it has a low specificity. On the other hand, polymerase chain reaction is highly specific with low sensitivity. Diagnosis may be further confirmed through histopathological examination where tubercular granulomas are present. A small percentage of histopathological specimens stained positive for acid fast bacilli⁴.

A four-month course of Isoniazid, Rifampicin, Pyrazinamide and Ethambutol (intensive phase), followed by a two-month course of Isoniazid and Rifampicin (continuous phase) is recommended by the WHO in the treatment of cutaneous TB in HIV negative cases⁵.

CONCLUSION

TB is a common entity where cutaneous manifestations depend on the route of infection as well as the host's immunity. Scrofuloderma must be managed by chest X-ray and anti-TB medications.

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