



A CASE OF LUPUS VULGARIS IN ALAE OF NOSE – CASE REPORT

Dermatology

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ABSTRACT

Lupus Vulgaris is a cutaneous manifestation of Tuberculosis (TB) in a previous sensitized host. The lesions are more commonly seen in buttocks and lower limbs in Indian patients , while western patients have it in the head and neck. Nasal involvement is seldom seen with the involvement of underlying cartilage. We report a case of lupus vulgaris in the Alae of Nose , without any nasal cartilage involvement. There was an erythematous plaque with scaling on the right side of the alae of the nose. A proper clinical examination and history with adequate histopathological examination guided into the diagnosis. The patient was initiated on Antitubercular treatment and subsequently responded well.

KEYWORDS

Lupus Vulgaris , Cutaneous Tuberculosis , Antitubercular Treatment

INTRODUCTION:

Lupus vulgaris is a progressive form of cutaneous tuberculosis which is acquired either exogenously by direct inoculation of the bacilli into the skin or endogenously by hematogenous or lymphatic spread from an underlying infected focus in a sensitized host with a moderate to high degree of immunity to Mycobacterium tuberculosis [1]. It presents as an indolent, asymptomatic, gradually progressive, firm plaque with central clearing and peripheral activity. In some cases, the progressing border of the plaque reveals translucent, erythematous papules that show a residual yellowish brown color when blanched with a glass slide, the so-called apple-jelly nodules[2]. Though this term is associated with lupus vulgaris, it may be seen in other granulomatous diseases including sarcoidosis and leprosy.

We report a Case of Lupus Vulgaris in a 55 year old female.

Case Report:

A 55 year old female from Uttara Kannada , presented to Dermatology Outpatient Department of a tertiary care hospital for complaints of itchy lesions over the Right side of alae of the nose for the past 4 months. Lesions were initially small , then started progressing over time. History of weight loss present with 4 kgs lost over 2 months. There was no other significant past / personal history. No h/o Diabetes / Hypertension etc. Systemic examination of the Cardio-Respiratory , Abdomen & CNS were normal.

On local Examination: Erythematous plaques with scaling were seen on the Right side of alae of the nose. No Lymph nodes were palpable on examination.

Routine Blood investigations were normal. Chest x-ray was grossly normal except for a small Breast nodule in Right breast. Mantoux was done , which showed no induration. Sputum for AFB was negative. Biopsy from the site was done and sent for Histopathological examination. Histopathology revealed chronic inflammatory cell infiltration with mid dermis showing epithelioid cell aggregates forming granulomas. Many giant cells of Langhans type and foreign body type were noted. AFB , PAS & Fite stains were not contributory. With these features, a diagnosis of Lupus Vulgaris was made, and the patient was referred to the DOTS center. She was started on category 1 according to suitable weight regimen and was closely monitored. Regression and resolution of the lesion were noted during the treatment.

We report this case , because of its unusual presentation over the alae of Nose. Other differentials considered were lupus pernio and Chromo

mycosis. However, a systematic and guided clinical and histopathological examination helped in diagnosing the condition.

DISCUSSION

Lupus vulgaris is a progressive form of cutaneous tuberculosis [3], caused by Mycobacterium tuberculosis, acquired either endogenously by hematogenous or lymphatic spread from underlying distant focus or exogenously by direct inoculation of the bacilli or at the site of Bacille Calmette-Guerin (BCG) [4,5] Vaccination in a previously sensitized individual with moderate immunity.

The disease may have different forms of presentation including plaque, ulcer, mutilating lesions, vegetative, tumor-like lesion, and papulonodular lesion. The ulcerative and the mutilating form have the highest tendency for scarring together with deep tissue involvement [2].

In India, buttocks, trunk, and extremities are predominant sites affected, while in the West , the lesions favor Head and neck [6]. Involvement of the nose may sometimes result in the destruction of the nasal and septal cartilage. This mutilating variant of lupus vulgaris is also known as lupus vorax [7,8]. In our patient , there was no involvement of the underlying bone or cartilage.

Diagnosis of Lupus Vulgaris is at times difficult because the clinical appearance of the lesion may not always be characteristic and will require multiple investigations. At times culture for the bacilli may not yield positive results and demonstration of acid-fast bacilli may be difficult especially in patients with chronic lesions and with a high degree of immunity against the infection [9,10].

Because lupus vulgaris is a paucibacillary form of tuberculous infection, culture is often negative, and the diagnosis is mainly based on the Mantoux test, the histopathological appearance, and the response to Antitubercular chemotherapy [11]. But the Mantoux test does not allow precise diagnosis, only indicates that the patient has had previous contact with Mycobacterium tuberculosis, and can lead to false negative results in case of anergy [12]. Our patient was immunized and showed a normal Mantoux reaction. Also, this skin test has limited diagnostic value in developing countries due to high rates of exposure to mycobacteria and BCG vaccination [13].

Conclusion:

Lupus Vulgaris is a cutaneous manifestation of Tuberculosis, which is very unusual in occurrence. A proper clinico – histopathological examination along with a high degree of suspicion is needed for the

diagnosis of the disease. The anti-tubercular treatment brings very good prognosis in this condition.

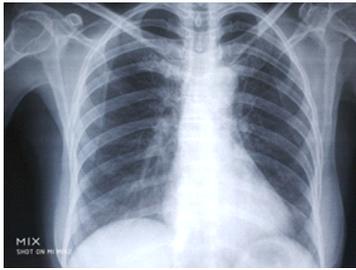


Figure 1: Chest Xray – which was normal



Figure 2:
1. Lesions at Presentation
2. During course of ATT
3. After ATT

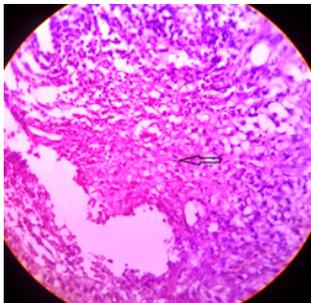


Figure 3: showing Histopathology image with Epithelioid histiocytes and foci of caseous necrosis (as shown in arrow), X400, H&E.

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