

## 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<sup>1,2</sup>. 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 focus<sup>3</sup>.

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 develop<sup>4</sup>.

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 bacilli<sup>4</sup>.

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 cases<sup>5</sup>.

### 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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