CASE REPORT

Multicentric Lupus Vulgaris

Rajesh Kumar Sharma, Anuja Sharma*, Subhash Bhardwaj*

Abstract
A eight year old girl presented multiple plaques of lupus vulgaris, numerous papules of lichen scrofulosorum and involvement of right ulnar bone. The patient responded to antituberculosis therapy. The multiple foci were probably due to hematogenous dissemination

Key Words
Multicentric, Lupus vulgaris, Lichen Scrofulosorum

Introduction
Tuberculosis is a global health problem. Cutaneous tuberculosis is a variety of extrapulmonary tuberculosis which constitutes about 10% of all cases of tuberculosis. It can present with unusual clinical and histopathological features causing delay in diagnosis (1). Cutaneous tuberculosis is now rarely encountered in western countries, but it is still the major health problem in India. It can present in different morphological forms depending upon the route of infection and the immunological status of the host. In India, scrofuloderma is the most common form of skin tuberculosis in childhood, whereas lupus vulgaris is the commonest form in adults (2). The lesions are usually solitary, but two or more sites may be involved simultaneously and multiple foci may arise by hematogenous dissemination (3). Disseminated forms of lupus vulgaris are not uncommon (4). We are reporting a case of multicentric lupus vulgaris who also had lichen scrofulosorum and involvement of right ulnar bone, which is an unusual presentation.

Case Report
A seven year old undernourished female presented with multiple asymptomatic reddish brown plaques and painful swelling with deformity of right elbow of 4 years and 6 months duration respectively. She gave history of incomplete healing at the site of BCG vaccination and development of small erythematous plaque at that area after 3 years of vaccination. There was history of low grade fever with malaise and weight loss, however there was no history of chronic cough and hemoptysis. On clinical examination she was found to be emaciated, anaemic and her body weight was 15 kg. Systemic examination revealed her lungs to be clear but there was soft, non tender mild hepatomegaly and spleen was palpable upto 4 cm below the costal margin. Cutaneous examination revealed multiple poly sized, reddish brown plaques over left shoulder, back, right side of face and upper chest. Each plaque showed irregular raised erythematous scaly margins and central atrophy (Fig1). Numerous small lichenoid papules of lichen scrofulosorum showing grouping and crusting at places were also noted over trunk and limbs of the case. Right elbow joint was grossly swollen, tender and. its movements were restricted. She also had cervical and axillary lymphadenopathy with discrete and slightly tender lymph nodes. Laboratory investigations showed raised ESR (30mm), low haemoglobin (8.0 g%) and positive mantoux test (20 mm). Skiagram of chest was normal and that of right elbow showed lytic lesion at olecranon process of ulna (Fig-2). Histopathological examination of biopsy from skin plaque showed typical tuberculoid granulomas in the dermis (Fig-3). FNAC smears from lymph nodes showed non-specific reactive features. However blood sugar, sputum for AFB, LFT including serum enzymes were within normal limits. Blood sent for HIV was found to be negative. Liver biopsy was not carried out in this patient. She was diagnosed as a case of disseminated
tuberculosis with multicentric lupus vulgaris and treated
with antitubercular drugs. Response of skin as well as
bony lesions to antituberculosis therapy was excellent.

Discussion

Lupus vulgaris is post primary, progressive and chronic
form of skin tuberculosis occurring in individuals with
moderate immunity. It originates by hematogenous,
lymphatic or contiguous spread from tuberculosis
elsewhere in the body and rarely it can arise at the site of
a primary inoculation or at the site of BCG vaccination.(5).
Lupus vulgaris usually occurs singly on the face or neck,
while in Indian childern it is commonly reported on the
leg & buttock (6).The high incidence of Lupus vulgaris
on the legs had been explained by reinoculation of TB bacilli through minor trauma or infection especially during
squatting (7). In patients with active pulmonary
infection, multiple foci may develop. Lichen
scrofulosorum, an uncommon disorder, first recognized
by Von hebra, is ascribed to hematogenous spread of
mycobacteria in an individual sensitive to mycobacteria
tuberculosis and usually associated with chronic
tuberculous disease of lymph nodes and bones, but rare
in phthisic patient (8).Special feature in our case was
the presence of multiple lesions of lupus vulgaris and
lichen scrofulosorum along with involvement of right ulnar
bone. Also, intial lesion of lupus vulgaris developed at the
site of BCG inoculation. Multiplicity of the skin lesions
and systemic involvement of bone in this case may be
because of her poor health and hematogenous
 dissemination.

Conclusion

Association of systemic tuberculosis with lupus vulgaris
as observed in our case highlights the importance of the
systemic examination in all the cases of cutaneous

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