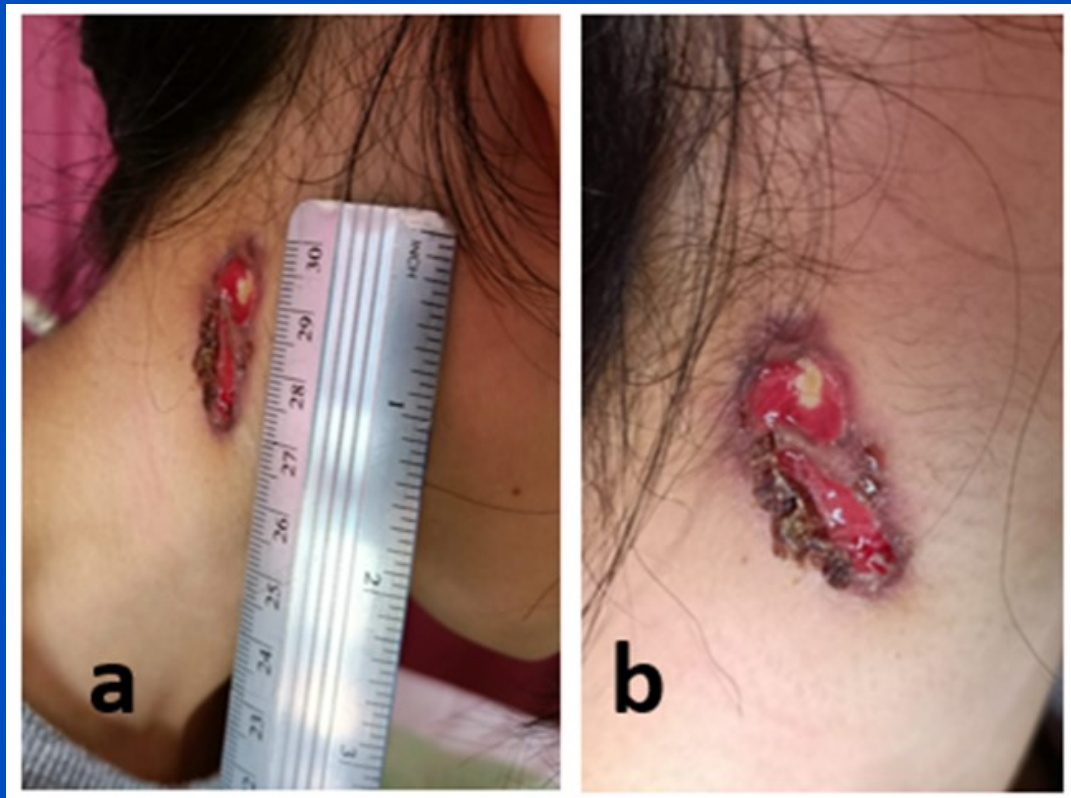


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Acknowledgements

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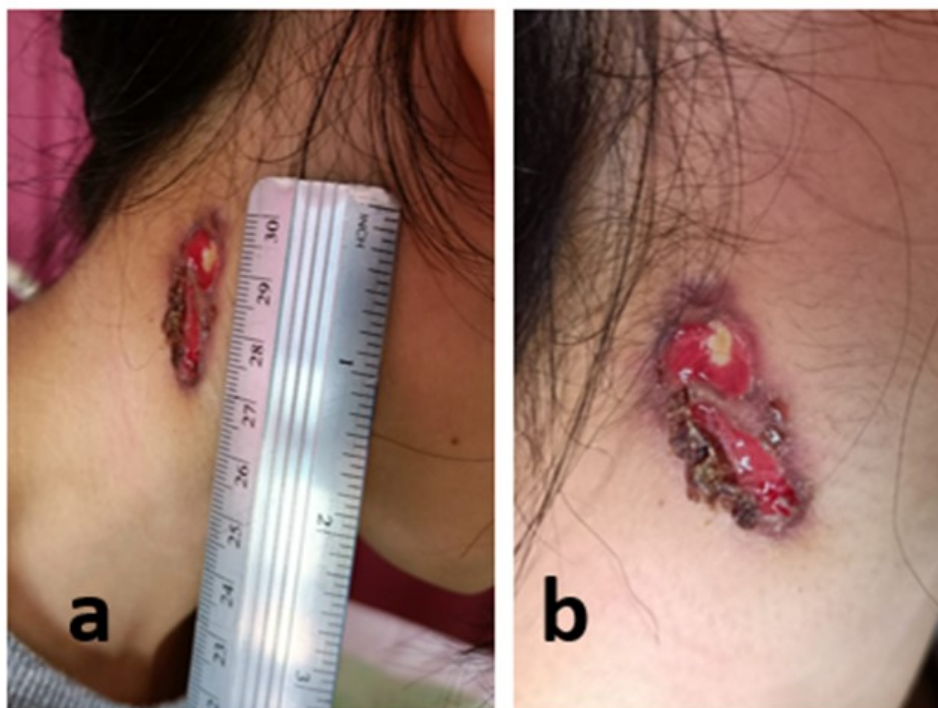


Figure 1

A 15-year-old girl presented with 3 months of chronic cough, weight loss of (3kg) and fever for 5 days. She also had a chronic non-healing ulcer of neck that measured approximately 3x1 cm (Figure 1) which had started 5 months previously as a suspected ruptured sebaceous cyst that required incision and drainage. Pus culture was negative. Although improved, the ulcer did not heal. In the latest presentation, chest radiograph showed patchy bilateral opacities.

What is the diagnosis?

1. What is the diagnosis?
2. What other investigations should be requested to confirm the diagnosis?

Answer: refer to [page 18](#)

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DISCLOSURE: There is no conflict of interest and consent has been obtained for the use of this image.

(Refer to [page 17](#))

ANSWERS:

1. **PULMONARY TUBERCULOSIS WITH SKIN LUPUS VULGARIS.**
2. **EARLY MORNING SPUTUM CULTURE/CYTOLOGY OR HISTOLOGY OF THE ULCERS FOR AFBS/MANTOUX TEST**

Lupus vulgaris is rare but the most common cutaneous tuberculosis that often manifests as a chronic and progressive inflammatory non-healing lesion or ulcer that can last for years, occurring in patients with moderate to high immunity.¹⁻³ Publication by Robert Willan and his student Thomas Bateman in 1817 provided the first known representation of lupus, then described as 'a nodular eruption of the face which develops into an ulceration'.⁴ However, it was Harry Keil in 1933 who provided distinction between lupus vulgaris and cutaneous lupus.⁴

Lupus vulgaris occurs as a contiguous extension from underlying affected tissue such as lymph nodes or through hematogenous or lymphatic spread.³ Interestingly, it has also been associated with BCG vaccination.⁵ The head and neck regions is most commonly affected (80% of cases) but the other parts of the body can also be affected. Females are affected two to three times more than males.³

An early morning sputum culture confirmed the presence of AFB and a saline wash cytology using cotton wool taken from the ulcer showed necrotic materials and AFB. She was diagnosed with concurrent pulmonary and cutaneous tuberculosis (lupus vulgaris) and was started on treatment; 2 months of rifampicin, isoniazid, ethambutol and pyrazinamide followed by 4 months of rifampicin and isoniazid. Just one week into treatment, the neck ulcer was already healing (Figure 2a). She remained well two years after diag-

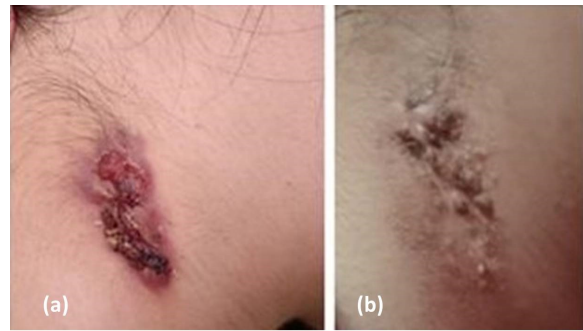


Figure 2: (a) showing the ulcer healing at 1 week of anti-TB treatment and (b) at 2 years follow up. (Click to enlarge image)

nosis and the ulcer had healed with scarring (Figure 2b).

In our patient, it likely to have started off as a cervical cold abscess and without treatment led to chronic non-healing neck ulcer which started to heal with anti-tuberculous treatment. Although uncommon, tuberculosis needs to be excluded in patients with non-healing ulcers.

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