CLINICAL SNAPSHOT

Tuberculosis Cutis Luposa (Lupus Vulgaris)

An 83-year-old man complained of lessened performance ability, weight loss, and febrile episodes of several months' duration. A painful area of partly indurated and squamous erythema with an irregular border was seen on his right arm. Skin biopsy and histopathological examination revealed granulomatous inflammation with focal necroses; a suspected mycobacterial infection could not, at first, be confirmed either by microscopy (Ziehl-Neelsen stain) or by molecular genetic testing. Nonetheless, because the patient had suffered from tuberculosis of the lymph nodes three years before, he was given standard anti-tubercular treatment. The cutaneous and general symptoms improved within one week, and the diagnosis was confirmed four weeks after presentation when a fluid culture turned positive for *Mycobacterium tuberculosis*.

Lupus vulgaris, the most common type of cutaneous tuberculosis (a rare condition in low-incidence countries), is due to post-primary hematogenous seeding of the skin with mycobacteria. The skin changes are generally not contagious and may display psoriasiform scales as a secondary efflorescence (lupus vulgaris exfoliatus).

The treatment corresponds to that of pulmonary tuberculosis; as long as no drug resistance is present, it consists of isoniazid, rifampicin, pyrazinamide, and ethambutol for two months, followed by isoniazid and rifampicin for four months.

Dr. med. Fabian Leo, Prof. Dr. med. Christian Grohé, Evangelische Lungenklinik Berlin, Klinik für Pneumologie, Berlin, Fabian.Leo@elk-berlin.de

Prof. Dr. med. Michael Tronnier, Helios Klinikum Hildesheim, Klinik für Dermatologie, Venerologie und Allergologie

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