

Cutaneous Tuberculosis & Leprosy





Cutaneous Tuberculosis

- Etiology
 - -Mycobacterium Tuberculosis
- Incidence
 - -4% of TB

Transmission

- Exogenous
 - Direct Inoculation
- Endogenous
 - Contiguous spread
 - Auto-inoculation
- Haematogenous

Common Types

- Scrofuloderma
- Lupus Vulgaris
- Warty Tuberculosis

Scrrofuloderma

 Due to diect extension of infection from underlying focus of tuberculosis in lymph node, bone or joint







Clinical features

- Bluish-red painless swelling
- Breaks open to form ulcers & sinu
- Heal with scarring

Cervical, Axillary and Inguinal lymph nodes
frequently involved

frequently involved



Lupus Vulgaris



- Second most prevalent form presenting mostly as chronic indurated Plaque
- Pathogenesis
 - Contiguous Spread
 - Haematogenous
 - Lymphatic
 - Exogenous inoculation
 - Site of BCG vaccination



Clinical Features

- Common Sites
 - Head & Neck esp around nose
 - Arms & Legs
- Morphological Types
 - Plaque Form
 - Ulcerative & mutilating
 - Papular & Nodular





Plaque Form

- Usually Solitary reddish-brown
- Irregular, serpiginous edge
- Smooth or dry psoriasiform surface
- Chronic lesions show irregular scarring







Complications

Scarring & Deformities

SCC & BCG



D/D

- Deep Mycosis
- Leprosy
- Sarcoidosis



Warty Tuberculosis

 Chronic warty Plaque-like Lesion due to direct inoculation of organism into skin





Pathogenesis

- Physicians, pathologists & post-mortem attendants may acquire accidentaly from external source
- Auti-inoculation with sputum in a patient with active tuberculosis
- Children & adults may become infected by sitting or playing where the organism is present

Clinical Features

- Indurated Warty Plaque
- Irregular extension leading to serpiginous outline

may shov





Sites

- Hands
- Knees
- Ankles
- Buttocks

D/D

- Warts
- Deep Fungal Infections
- Atypical Mycobacterial Infections

Management

- Standard Antituberculous Therapy
- Manage complications

Leprosy

 Chronic granulomatous disease caused by Mycobacterium Leprae, principally affecting

peripheral nerves & skin



Transmission

- Nasal discharges from untreated lepromatous leprosy patients
- Contact with skin lesions unimportant(Bacilli not excreted by skin)



Incubation Period

- Tuberculoid Leprosy upto 05 years
- Lepromatous Leprosy upto 20 years



Clinical types

- Indeterminate
- Tuberculoid
- Borderline
- Lepromatous

Indeterminate Leprosy

- Ill-defined patch
- Hypopigmented or slightly erythematous
- Sensory impairment(may be)
- Nearby nerve thickening (may be)
- Mostly on face of children

Tuberculoid Leprosy

- Localised form with good immunity
- Lesions
 - One or few
 - Well-marginated
 - Hypopigmented or erythematous
 - Anaesthetic
 - Dry surface with atrophy & hair loss
 - Nearby nerve thickened



Lepromatous Leprosy

- Disseminated form in patients with poor
- Extensive cutaneous & systemic involvement
- Cutaneous Lesions

immunity

- Numerous symmetrical
- Macules, papules, nodules
- Ill-defined, confluent





Lepromatous Leprosy

- Systemic involvement
 - Lymphadenopathy
 - Hepatosplenomegaly
 - Ocular involvement
 - Testicular atrophy

Borderline Leprosy

 Clinical features overlaping both tuberculoid & Lepromatous Leprosy

Complications

- Immunological reactions type 1 &2
- Motor Palsies(Facial, Claw hand, foot drop)
- Ocular
- Trophic ulcers
- Deformities

Investigations

- Slit-Skin Smears
- Skin Biopsy
 - Well-defined granulomas in Tuberculoid
 - -Ill-defined granulomas with full of foamy macrophages

Diagnostic Criteria

- At least 02 of following
 - Presence of skin lesions
 - Peripheral nerve inolvement
 - Acid-fast bacilli in skin smears

Treatment

- Indeterminate, tuberculoid & Borderline tuberculoid
 - Duration of treatment 06 months
 - Follow-up02 years
 - -Supervised Monthly Rifampicin 600mg
 - -Unsupervised Daily Dapsone 100mg

Treatment

- Lepromatus & borderline lepromatous
 - Supervised monthly
 - Rifampicin 600mg
 - Clofazimine 300mg
 - Unsupervised daily
 - Dapsone 100mg
 - Clofazimine 50mg

Situations when you must think of Leprosy

- Anaesthetic skin lesion
- Simultaneous skin lesion & peripheral nerve involvement
- Thickened peripheral nerves esp. at sites of predilection