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**Case Report**

A 1½-year-old male child was brought to the hospital with the presenting complaints of low grade intermittent fever and cough for 1½ months. In the preceding one month the child had developed raised reddish-purple spots on the entire body. These came in crops appearing first on the lower trunk and then spread to involve the whole body especially the extensor aspects of the extremities. There was no itching. There was history of decreased oral intake and loss of weight. The child was unimmunised. The father was a known case of tuberculosis taking irregular treatment from a local doctor.

On examination, the general condition of the child was unsatisfactory. He was irritable with a pulse rate of 108/min, a respiratory rate of 40/min and a temperature of 100°F. He was pale and had significant cervical and axillary lymphadenopathy. There was a reddish-purple papular rash that was symmetrically distributed but more marked on the extensor surfaces (Fig. 1). The abdominal examination revealed hepatomegaly of 6 cm and a splenomegaly of 4 cm. The rest of the systemic examination was essentially normal.

Investigations revealed a hemoglobin of 7.5 g/dl, TLC of 10,000/cu mm, DLC P_{50}L/M_{50}E_2, ESR 64 mm and peripheral smear showed microcytic hypochromic anemia. Mantoux test was 15 mm at 72 hours with 5 TU. X-ray chest showed soft

From the Department of Pediatrics, Kalawati Saran Children's Hospital and Lady Hardinge Medical College, New Delhi 110 001.

Reprint requests: Dr. Geeta Gathwala, H. No. 811, Opposite NFL Area Office, Jhang Colony, Rohtak 124 001.

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**Tuberculides: An Uncommon Manifestation of Tuberculosis**

G. Gathwala
P.C. Gupta
S. Aneja

Tuberculosis is a common disease of childhood in India. However, skin tuberculides though common once are rather rare now(1). We report a child of miliary tuberculosis with skin tuberculides.
miliary opacities in both lung fields with a right paratracheal lymphnode. Gastric aspirate for acid fast bacilli was negative.

The histological examination of skin biopsy revealed tubercle formation with many giant cells. Special staining by the Ziehl Neelsen technique, demonstrated acid fast bacilli which were sparsely distributed. Liver function tests, cerebrospinal fluid examination, blood urea and serum electrolytes were within normal limits.

A diagnosis of miliary tuberculosis with skin tuberculides was made and the child was put on antitubercular treatment (streptomycin, isonex and rifampcin). The skin lesions disappeared rapidly over the next few days and the child improved.

Discussion

Skin tuberculides occur preferentially in children and young adults(1). A deep focus of tuberculosis is present in more than one third of cases and a prompt response to antitubercular therapy is generally seen(2,3). Morrison and Fourie(2) believe that from a tuberculous focus, bacilli periodically enter the circulation where they are opsonised with antibodies and complement and settle out preferentially in slow flowing capillaries in the skin. They suggest that the tuberculide represents an arthus reaction followed by a delayed hypersensitivity response to mycobacteria.

REFERENCES


Prolonged Traumatic Transient Cortical Blindness Following Head Injury

U.K. Singh

Cortical blindness occurs in children after head injury. In typical cases, blindness

From the Department of Pediatrics, Patna Medical College Hospital, Patna.
Reprint requests: Dr. Upal Kant Singh, Rajendra Nagar, Road No. 8, Patna 800 016.
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