
Images in Clinical Practice

Tuberculosis Verrucosa Cutis

A 4-year-old male child presented with a papulomatous lesion over the right thigh and around scrotum for over 2 years. It started as a small boil which had been intermittently ulcerating, healing with warty scabs and gradually spreading out. There was no history of any injury, pus discharge or any systemic symptoms. The grandfather of the child had been earlier treated for pulmonary tuberculosis but was currently asymptomatic for several years. There was no history of antitubercular treatment. The general and systemic examinations were

unremarkful except for a warty lesion of about 7 cm x 10 cm size on the anterolateral aspect of right thigh. There were also some satellite lesions along the scrotal crease (Fig. 1). Inguinal lymph nodes were also enlarged. FNAC showed features suggestive of chronic non-granulomatous lymphadenitis. Skin biopsy clinched the diagnosis of warty tuberculosis.

Warty tuberculosis or tuberculosis verrucosa cutis occurs either by auto-inoculation or by contamination from an exogenous source. It appears as reddish brown or purple papule or papulopustule which grows by peripheral extension as warty plaque. The lesion may be active at the periphery as it resolves in the center.



Fig. 1. Note the lesions on the anterolateral aspect of right thigh and along the scrotal crease.



Fig. 2. Appearance of the healed lesions

The surface can have clefts and fissures. In children it is commonly seen on legs unlike adults where hands are more commonly involved. However, it can involve wrist, hand, hips and ankle also. It can occur as an occupational disease in physicians and animal handlers. It may heal spontaneously over years or may slowly progress. The lesion usually occurs in individuals with good immunity. Response to chemothera-

py is good. The healed lesion commonly appears as an atrophic scar (*Fig. 2*).

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