Tuberculous verrucosa cutis (TBVC) is a common paucibacillary form of cutaneous tuberculosis caused by exogenous reinfection in previously sensitized individuals. The typical morphology is usually observed as a single verrucous plaque with inflammatory borders mostly on the hands, knees, ankle, and buttocks; however, several atypical morphologies of the lesions have also been described. TBVC occurring in sporotrichoid pattern is relatively rare. We report a case of a rare sporotrichoid presentation of TBVC in a 38-year-old male patient in the absence of any primary tuberculous focus.

Keywords: Cutaneous tuberculosis, sporotrichoid, tuberculous verrucosa cutis

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INTRODUCTION

Cutaneous tuberculosis (TB) forms a small proportion of extrapulmonary TB.[1] It is mostly caused by exogenous reinfection in previously sensitized individuals. TB verrucosa cutis (TBVC); also known as warty TB, anatomist’s warts, or prosector’s warts; is an indolent, warty plaque-like form of paucibacillary cutaneous TB, resulting from inoculation of Mycobacterium TB into the skin of a previously infected patient, with moderate-to-high degree immunity.[2] It is usually observed as a single verrucous plaque with inflammatory borders. We report a rare presentation of TBVC, the patient presented with multiple lesions placed close to each other in a linear pattern over the right hand extending forearm in sporotrichoid pattern for 6 months, in an otherwise healthy individual.

CASE REPORT

A 38-year-old male presented with the chief complaint of a verrucous lesion over the right hand, extending to the forearm for the past 6 months. The lesion first started as a small, asymptomatic, and warty papule which progressed over time to become a painful verrucous plaque. Detailed history revealed that he is a construction worker by occupation and sustained a trauma from iron rod 1 year back which led to clawing of the right little and ring finger and the development of these lesions 6 months later.
After clinicopathological correlation, a diagnosis of sporotrichoid TBVC was made and the patient was started on antitubercular therapy (ATT)-isoniazid, rifampicin, ethambutol, and pyrazinamide once daily for 2 months, which was followed by isoniazid, rifampicin, and ethambutol once daily for 4 months. Within 1 month, the lesions flattened out and resolved completely in 2 months [Figure 3a and b].

**Discussion**

TB is a global health problem with predominance in resource-poor countries. Cutaneous TB constitutes about 1.5% of all extrapulmonary TB. It includes lupus vulgaris and TBVC at its one end and scrofuloderma and TB cutis orificialis at the other end with a decrease in cell-mediated immunity across the spectrum. In India, TBVC is probably the third-most common form after lupus vulgaris and scrofuloderma. Inoculation occurs at sites of minor wounds or abrasions, sometimes from the patient’s own sputum. Clinically, deep fungal infections such as blastomycosis, chromomycosis, fixed sporotrichosis, callosities, lupus vulgaris, tertiary syphilis, and cutaneous warts can be kept as differentials.

Psoriasiform, keloidal, crusted, exudative, sporotrichoid, destructive, tumor-like, and exuberant granulomatous forms are the main variants of TBVC which can also mimic the differentials of TBVC itself. Sporotrichoid form of TBVC is an unusual variant that mimics sporotrichosis, a subcutaneous fungal disease. It is proposed that bacilli follow the lymphatic channels and during transit, provoke cutaneous granulomatous inflammation resulting in a linear array of lesions over time. It has been shown that sporotrichoid form is more common in children than in adults because of the efficient lymphatic drainage in children and high physical activity that makes them prone to trauma.

In this case, the patient presented with multiple lesions of TBVC placed close to each other in sporotrichoid patterns over the right hand. However, multifocal cutaneous lesions without any other tubercular focus in the body are quite rare. In our case, histopathological characteristics and response to ATT confirmed the diagnosis of TBVC. There are only very few reports on cases of TBVC with multifocal involvement and sporotrichoid spread.

**Declaration of patient consent**

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient has given consent for the images and other clinical information to be reported in the journal. The patient understands that name and initials will not be published, and due efforts will be made to conceal the identity, but anonymity cannot be guaranteed.

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**Conflicts of interest**

There are no conflicts of interest.
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REFERENCES