

TUBERCULOSIS VERRUCOSA CUTIS COMPLICATING SCROFULODERMA IN AN IMMUNOCOMPETENT CHILD

**Ihsane Hallab^{*1,2}, Younes El khachine^{2,3}, Abdessamad Sakkah^{2,3}, Abderrazak Jakar³, Naoufal Hjira^{1,4},
Jalal El Benaye^{3,4}**

¹Department of Dermatology; Military Hospital, Mohammed V, 10100, Rabat, Morocco.

²Faculty of Medicine and Pharmacy, Sidi Mohamed Ben Abdellah USMBA University, 30000, Fez, Morocco.

³Department of Dermatology; Military Hospital, Moulay Ismail, Meknes, Morocco.

⁴Faculty of Medicine and Pharmacy, Mohammed V University, Rabat, 10100, Morocco.

***Corresponding Author: Dr. Ihsane Hallab**

Department of Dermatology; Military Hospital, Mohammed V, 10100, Rabat, Morocco.

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BACKGROUND

Tuberculosis continues to be endemic in our country. Skin involvement would be underdiagnosed rather than rare. The combination of two clinical forms of skin tuberculosis is even rarer, especially in an immunocompetent boy.

CASE REPORT

Young 11-years old boy, with no tuberculosis contagion, has been presenting an asymptomatic plaque papulo-crouteuse on his right knee for 4 months. (figure 1) (figure2) Clinical examination reveals homolateral crural adenopathy; non-inflammatory, fistulized to the skin. That would have appeared 3 months before plaque. (figure 3) Skin biopsy confirms the diagnosis of tuberculosis. Anti bacillary treatment allowed a complete cure without recurrence. (Figure 4) (figure 5)

DISCUSSION

In our country, scrofuloderma remains a common clinical form of skin tuberculosis. Their association with tuberculosis verrucosa cutis is rare though described in India. This would be a reactivation of the disease much more than recontamination or lymphangitic diffusion, which would explain its occurrence in an immunocompetent terrain.



Figure 1: An asymptomatic plaque papulo-crouteuse on right knee.



Figure 2: Global view of the affected leg.



Figure 3: Homolateral crural adenopathy; non-inflammatory, fistulized to the skin.



Figure 4: Crural adenopathies have regressed.



Figure 5: The disappearance of the plaque.



CONCLUSION

Skin tuberculosis occurs in several clinical forms that can co-exist or complicate each other. So, his management goes first through cognizing and monitoring them, but also raising attentiveness among doctors and patients.