Images in Medicine
Lichen Serufulos orum : A tuberculoid

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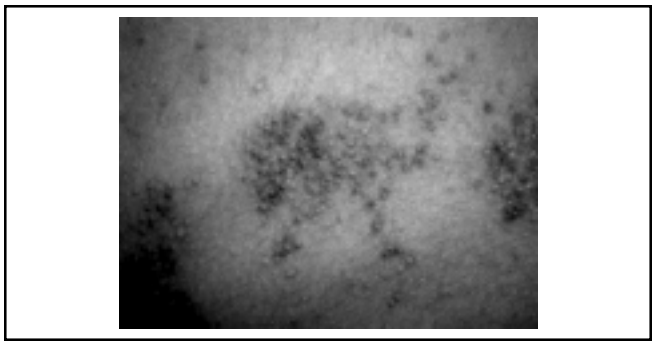

Fig.1. Flat-topped papules seen all over the body, mainly the chest, back and abdomen

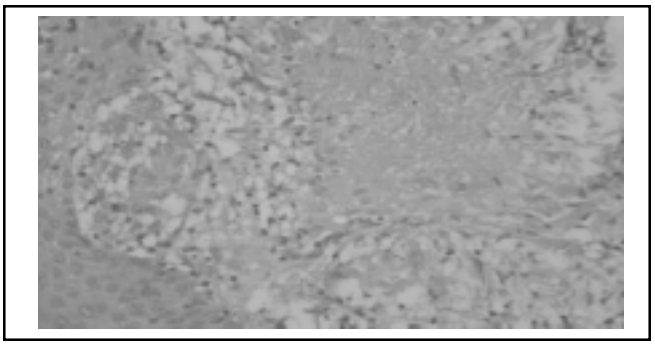

Fig.3. Epithelioid cells, lymphocytes and stray Langhan's giant cells on H&E staining (400X).

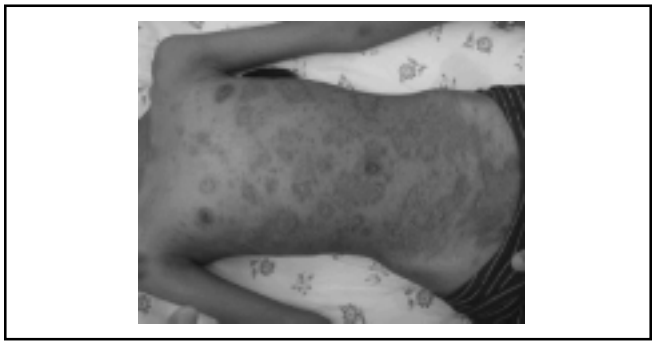

Fig. 2. Papules with central clearing

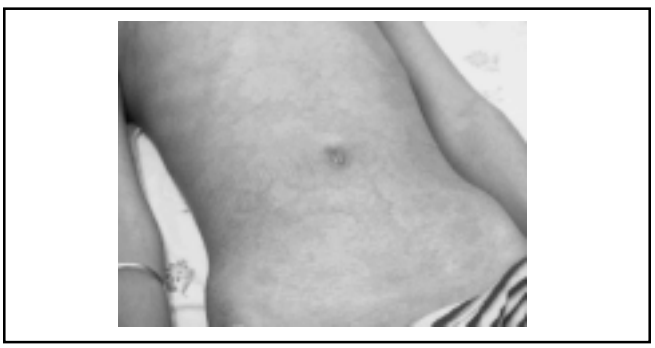

Fig. 4. Lesions regressed within two cycles of therapy.

A 13-year old, thin girl had numerous 2-3 mm sized, pale or dusky red, firm, flat-topped papules, mainly follicular and some-non follicular, mostly grouped, as well as discrete and confluent. Some papules had horny spines or fine scales (Fig. 1). Plaques formed from coalescence were 0.5-4 cm in size, discoid to bizarre in shape, dry, rough, scaly and dusky red in colour. There was some apparent clearing in the central region (Fig. 2). Lesions were present mainly over the abdomen, chest and back. Few, smaller lesions were scattered over the limbs. The lesions started over the left pelvic region about 2 months earlier. Occasionaly, she had itching. There was nothing relevant on systemic examination and no lymphadenopathy. However, the patient had fever for about a month which was of low grade, occurred usually at night accompanied with a slight chill. There was no cough with or without expectoration, but there was loss of appetite and weight.

The Mantoux test showed a zone of induration measuring 12 mm. Histologically, granulomas were found in the superficial dermis abutting and infiltrating the epidermis, and in mid dermis where some were periappendageal. These were composed of epithelioid cells, lymphocytes and stray Langhans giant cells. Caseation necrosis was seen in an occasional granuloma (Fig. 3).

During the initial phase of treatment with multivitamins, cetrizine and local steroid cream, the rash continued to spread rapidly. Once the diagnosis of lichen scrofulosorum was established, rifampicin 250 mg, isoniazid 75 mg, ethambutol 600 mg, pyrazinamide 500 mg and multivitamins were given daily orally, while coconut oil as an emollient was applied twice a day. In less than 2 weeks, skin lesions regressed considerably. Most of the papules reduced to half the original size, became pale and smooth without any scales (Fig. 4). At the end of 6 weeks of treatment, the fever had settled, appetite was almost back to normal and there were a few 1-2 mm sized pale, smooth, flat papules on the skin, which were scattered sparsely over the trunk and limbs.

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