This report presents a case of erythema induratum of Bazin (EIB), a rare cutaneous manifestation of tuberculosis classified as a tuberculid skin eruption. A 62-year-old male farmer with a previous history of psoriasis vulgaris, arterial hypertension, and dyslipidemia presented to his general practitioner complaining of painless, nonpruritic, hyperpigmented skin plaques in the right lower limb for the past 5 months. He was given a therapeutic trial of betamethasone cream 1 mg/g, two times per day during one month. Due to the worsening of the lesions he was referred to a dermatology consultation. On examination, four infiltrative erythematous-brown plaques, about 1 × 2 cm and 1 × 1 cm in size located in the anterior aspect of the lower portion of the right leg were observed [Figure 1A].

Clinically, the patient was afebrile and asymptomatic. He denied history of previous trauma, itching, pain, or constitutional symptoms. He had no history of night sweats or respiratory symptoms. Laboratory workup showed raised erythrocyte sedimentation rate (30 mm/hour) and increased adenosine deaminase levels (24.7 U/L). The rest of the investigation panel, including serological tests for hepatitis B, hepatitis C, human immunodeficiency virus 1, human immunodeficiency virus 2, and syphilis and immunological study were normal. The histopathology of the skin plaques [Figures 1B, 1C, 1D, 1E] showed lesions of lobular granulomatous panniculitis associated with vasculitis compatible with erythema induratum of Bazin. The patient underwent a Mantoux test and interferon-gamma release assay test, both of which were both positive. Further investigations excluded pulmonary tuberculosis. He started a treatment with tuberculostatic drugs (rifampicin 120 mg, isoniazid 50 mg, pyrazinamide 300 mg) for 7 months with a good clinical response and progressive regression of the skin lesions.
COMMENT

The EIB is a rare form of panniculitis, which result from a hypersensitivity reaction to *M. tuberculosis* [1,2].

The clinical presentation of EIB can be diverse and mimic other cutaneous diseases. However, it usually manifests as nodules or plaques with a chronic evolution, commonly located on the posterior or anterolateral aspects of the lower limbs [2,3]. The differential diagnosis includes infectious and non-infectious diseases, such as infectious panniculitis, cutaneous polyarteritis nodosa associated with hepatitis B and C, erythema nodosum, traumatic panniculitis, and lymphoma [3]. The diagnostic criteria for EIB and its association with tuberculosis is based on the correlation between cutaneous characteristics, positive tuberculin tests, the identification of active tuberculosis in other organs, the histopathological elements of the lesions, and the response to therapy [3,4]. The treatment used in a tuberculid does not differ from the treatment of other types of tuberculosis, with the first-line drugs beingisoniazid, rifampicin, pyrazinamide, and ethambutol for a minimum period of 6 months [1,2].

CONCLUSIONS

Cutaneous manifestations of tuberculosis can be the first sign of an underlying focus of infection. EIB is a rare presentation of extra-pulmonary tuberculosis and, therefore, a high index of suspicion is necessary for diagnosis. Despite being a preventable and curable disease, tuberculosis is still an endemic problem in several countries.

Correspondence

Dr. V. Santos Felisberto
Family Health Unit (USF) Almedina, 5300-143 Lamego, Portugal
email: vera.felisberto@gmail.com

References


Do not pray for easy lives. Pray to be stronger men.


Life is the path you beat while you walk it.

Antonio Machado (1875–1939), Spanish poet.