Lupus vulgaris with perforation of hard palate: A case report
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Abstract
Tuberculosis continues to be a major health problem in some countries. It remains the most common infectious disease in the world & 2.5 million deaths annually. By 2005 WHO predicts there will be 10.2 million new cases and Africa will have more cases than any other region. Cutaneous tuberculosis was described by R.Laennec (1781-1836).

As we move into 21st century, cutaneous tuberculosis has re-emerged due to development of resistance to antituberculin drugs and increase in diseases (type 1 D.M. Malignancy, chronic renal failure, gastro intestinal disease associated with malnutrition) and condition associated with immunodeficiency such as AIDS. Mycobacterium tuberculosis, Mycobacterium Bovis & B.C.G. vaccine cause tuberculosis involving skin. True cutaneous tuberculosis can be acquired either exogenously (e.g. Tuberculosis chancre, Tuberculosis verrucosa cutis) or endogenously (lupus vulgaris, scrofuloderma). Tuberculids are the cutaneous immunologic reaction to non cutaneous tuberculosis which include erythema nodosum & Erytyema induratum. Lupus vulgaris is the most common morphogical variant of cutaneous tuberculosis. In about 90% of patient head and neck are involved & female: Male is 2:3. The adults older patients have more extensive lesions than children.

Its course without therapy usually extends over many years or even decades. It is progressive & leads to considerable impairment of function & to disfiguration & perforation. In case of cutaneous tuberculosis history of exposure to positive contact, positive tuberculin test >10mm. The diagnosis was confirmed by histopathology, an enzyme linked immumosorbent assay (ELISA) test for mycobacterium tuberculosis & polymerase chain reaction (PCR). Like other tuberculosis, cutaneous tuberculosis is responsive to conventional combination drug therapy. Rifampicin & INH for the entire course & PZA & ethumbutol for the first two months.

Introduction
lupus Valgaris is an extremely chronic & progressive form of tuberculosis of the skin occurring in individuals with moderate immunity and high degree of tuberculin sensitivity. It is the most common type of cutaneous tuberculosis. Female appear to be affected about two to three times as often as males & in all age groups are equally affected. The lesions are usually solitary but two or more sides may be involved simultaneously. In patient with active pulmonary tuberculosis multiple foci may develop. In about 90% of patient the head & neck are involved. It usually starts on the nose & checks and slowly extends into the adjacent area. The ear lobes are often affected and solitary patch may be encountered on the scalp. Only a small percentage of the lesions occur on the extremities. In general, lupus vulgaris is asymptomatic. The initial lesion is the lupus mactile or papule characterized by brownish red colour and a soft friable consistency upondiascopy the filtrate exhibits a typical apple elly colour. They tend to heal slowly in one area and progress in another area. The early lesions are small, rather ill-defined infiltrate with a smooth surface or

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covered by a scale. Progression is characterized by as elevation of the lesions producing plague.

The disease is destructive its course is marked by ulceration, on involution leaves deformig scar. Hypertrophic forms appear as soft tumours growth with a nodular surface or epithelial hypoplasia with pronounced hyperkeratosis. Oedema, lymphatic stasis, recurrent erysipelas, elephantiasic thickening and vascular dilatation may lead to gross deformity. In ulcerative forms, the underlying tissue may be affected by progressive necrosis, when the nasal auricular cartilage is involved extensive destruction and disfiguration ensue.

Lupus vulgaris of mucous membrane
The mucous may be primarily involved or become affected by the extension of skin lesion. They show small soft gray or pinkish papules, ulcers or granulating masses bleed easily. A dry rhinitis is often the symptom of early nasal lupus but progressive lesion destroy the cartilage of the nasal septum, cicatricial deformities of the soft palate and stenosis of the larynx may also result. Lupus vulgaris is extremely chronic without therapy its course usually extends over many years or even decades. 40% of the patient with lupus vulgaris there is associated tuberculosis lymphadenitis 10-20% have pulmonary tuberculosis, bone & joint tuberculosis.

Patient Mr. Nikhil Chandra, 45 years old gentleman from Tongi presented to our hospital on 25/01/2004 with the complaints of
1. Skin lesion on the upper part of the anterior surface of left chest for 6 years.
2. Similar lesions on the face, lips and extensor surface of the wrist for 1 year.
3. Occasional mild fever with weight loss for 3 months.
4. Difficulty in speech and nasal regurgitation of food during swallowing for 3 months.
5. Year back he attended the skin and VD dept of BSMMU, Dhaka with the similar lesion. He was prescribed some medication names of which the patient could not mention. Following that treatment the patient remained well for 1 year and subsequently the lesion reappeared again.

On examination the patient was found to have moderate pallor, plague type erythematous lesion covered with crust and scar on the left side of the upper chest, face and extensor surface of the wrist. No sensory impairment was noted over those areas. There was perforation of hard palate with erythematous margin. No other abnormalities were noted in other systems.

Investigation reports revealed
CBC: Hb% - 11.7gm/dI (73%), ESR-85mm, WBC-5000/mm3 Polymorph - 42%, Lymphocyte - 48%, Monocyte - 4%, Eosinophil-6%. Basophil-0%, MT-16 mm induration, Blood Sugar-3.5 mmol/L, X-ray chest-Normal, VDRL-Non Reactive, Urine R/M/E- Normal, Biopsy of skin - Showed skin tissue with features of lupus vulgaris.

Discussion
Lumps vulgaris is the most common variant of cutaneous tuberculosis5, It is destructive in its course is marked by ulceration, perforation and on involution leaves deforming scar. From lupus vulgaris scar developed a squamous cell carcinoma6. In this particular case lupus vulgaris associated with perforation of hard palate.
Lupus vulgaris developed from a tattoo marks\(^7\). It also developed in a skin graft\(^8\). Lupus vulgaris scrofuloderma are the most frequent from of skin TB associated with organ TB\(^1\).

**References**
1. Int. J.Dermato/2003 Mar; 42(3); 197-200.