

Lupus Vulgaris Leading to Extensive Nasal Deformity

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Case report- Lupus vulgaris(LV) is the most common variant of cutaneous tuberculosis(TB). The disease is highly prevalent among cases of secondary cutaneous TB in developing countries.[1]We report a case of extensive nasal deformity caused by lupus vulgaris, a rare presentation in modern antibiotic era. A 50 years old female presented with complaint of progressive and non-healing ulceration just below nasal tip for past 12 months. She was treated by topical and systemic antibiotics without any improvement, before being referred to our institute. The patient elicited history of erythematous lesion below nasal tip which later turned into multiple papulonodular lesions in the same area. These lesions later coalesced and ulcerated to give origin to picture at the time of presentation. On external nasal examination, columella was found to be completely eroded.(figure 1) On Anterior Rhinoscopy , the membranous and cartilaginous part of nasal septum were almost completely eroded except for some remnant of mucosa on left side (figure 2) along with serosanguinous discharge from nasal cavity. There was no cervical lymphadenopathy.Computed tomography scan showed perforation in the cartilaginous septum.(figure 3) Haematological investigations were inconclusive except for raised ESR. Histopathological features were consistent with the diagnosis of LV showing noncaseating tuberculoid granulomas and Langhan's giant cells. Sputum for acid fast bacilli and VDRL test for syphilis were negative. Patient was put on anti- tubercular therapy for six months and was advised surgical correction after that. Unfortunately she was lost to follow up.

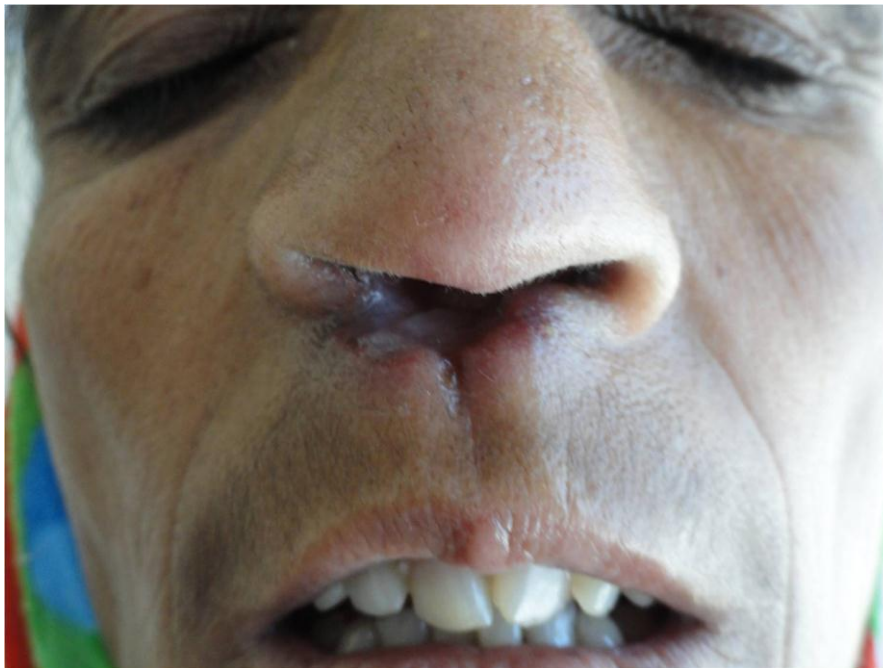


Figure 1. Image depicting complete erosion of columella on external nasal examination



Figure 2. Image depicting erosion of membranous and cartilaginous septum along with complete absence of columella



Figure 3. CT scan of nose showing perforation in the cartilaginous septum

Learning points/ Clinical Implications

1. Lesions such as lupus vulgaris of head and neck should be suspected and diagnosed early otherwise it may lead to marked deformity as happened in our case.
2. A deep biopsy of the lesion supported with other tests like polymerase chain reaction for TB is the correct approach if there is any doubt regarding the diagnosis.

References

1. Ramesh V, Misra RS, Jain RK. Secondary tuberculosis of skin: clinical features and problems in laboratory diagnosis. *Int J Dermatol* 1987;26:578-81.