

Chronic Perianal Ulcer in an Immunocompetent Child: An Unusual Presentation of Cutaneous Tuberculosis

Swale Iftikhar¹, Prashant Kumar Mishra¹, Deepak Agarwal¹, Anil Kumar Gupta¹,
Rajkumar¹, Divyanshu Srivastava¹

¹ Baba Raghav Das Medical College, Gorakhpur, Uttar Pradesh, India

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Corresponding Author: Dr. Swale Iftikhar, MD, Baba Raghav Das Medical College, Gorakhpur, 100 Seated PG Boys Hostel BRD Medical College, Gorakhpur, Uttar Pradesh 273013. E-mail: swale123@gmail.com

Introduction

Perianal tuberculosis is a very rare presentation of cutaneous tuberculosis. It represents 0.001% of all extrapulmonary tuberculosis cases and occurs secondary to the primary focus of tuberculosis in the lungs or intestines [1]. The occurrence of perianal tuberculosis in an otherwise healthy child, without any other active focus of tuberculosis, is extremely rare and unique; thus, we here report a case of primary perianal ulcerative cutaneous tuberculosis in a child.

Case Presentation

A 12-year-old child was brought to our department by his parents due to a 6-month history of a non-healing perianal wound which was painless and non-itching. Initial treatment with over-the-counter creams provided no relief. The ulcer gradually enlarged, prompting a dermatology consultation, where it was misdiagnosed and treated

as intertrigo with irritant contact dermatitis, without any relief. On presentation, the child had a 10 × 6 cm ulcer extending toward the left buttock (Figure 1A) which was mildly tender, with an erythematous base and purulent discharge. The patient was well-nourished and of average build. There was no history of atopy, thyroid disorder, or any other chronic disease. Previous history of trauma to the ulcer site was absent. There was no recent history of tuberculosis in his family. There was no history of fever with night sweats or weight loss. The history of sexual exposure was also negative. His general and systemic examination was within normal limits. No lymphadenopathy was noted. Based on clinical presentation, a differential diagnosis of ulcerative cutaneous tuberculosis, Crohn's disease, and pyoderma gangrenosum was made. On investigation, Mantoux test was strongly positive with an induration of 30 mm. Chest X-ray, colonoscopy, and abdominal ultrasonography were all within normal limits. Two punch biopsies were obtained, one for histopathology

and one for cartridge-based nucleic acid amplification test (CBNAT). Histopathology revealed nodular tuberculoid granulomatous inflammation throughout the dermis, comprising lymphocytes, plasma cells, histiocytes, epithelioid cells, and Langhans giant cells. (Figure 2). CBNAT confirmed *Mycobacterium tuberculosis*. Based on all factors, a diagnosis of primary perianal cutaneous tuberculosis was made. Anti-tubercular treatment was started with isoniazid, rifampicin, pyrazinamide, and ethambutol. The patient showed an excellent response, with complete healing of the ulcer within three months of starting anti-tubercular treatment (Figure 1B). ATT was continued for another three months, and there was no recurrence after four and eight weeks of completion of treatment.

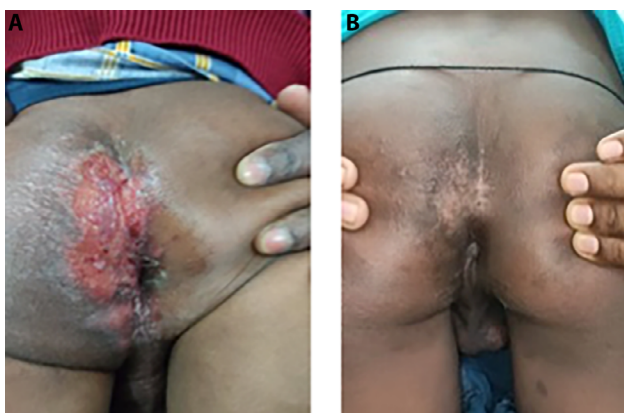


Figure 1. A: Ulcer on left buttock. B: After anti-tubercular treatment.

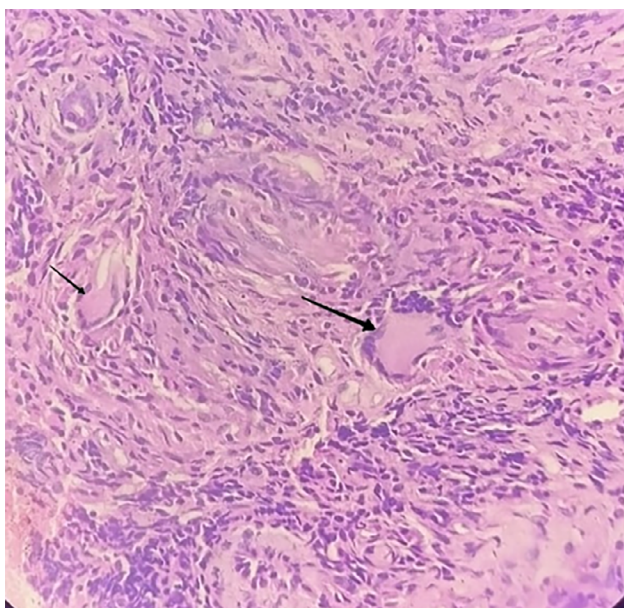


Figure 2. The infiltrate consisted of lymphocytes, epithelioid cells, and Langhans giant cells (black arrows) (H&E stain, 40x).

Conclusion

Perianal TB typically affects adult males in their fourth decade and is usually associated with active pulmonary or intestinal tuberculosis [2-4]. Our case involved a 12-year-old male child who presented with ulcerative lesions without any primary focus of TB in the lungs, intestine, lymph nodes, or any other organ.

Differential diagnosis of perianal TB includes Crohn's disease, pyoderma gangrenosum, syphilis, hidradenitis, herpes simplex, deep mycoses, lymphogranuloma venereum, cutaneous amebiasis, neoplasms, and foreign body reactions [5,6].

Primary perianal tuberculosis is exceedingly rare; without signs of lung or intestinal tuberculosis, it should be considered as a possible differential diagnosis for chronic non-healing ulcers in the perianal area, particularly in highly endemic TB regions such as India.

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