Scrofuloderma (Tuberculosis Colliquativa Cutis) = اﻠﻤﺘﻤﻴﻊ اﻠﺠﻠﺪ ﺳﻞ--اﻠﺠﻠدﻴﺔ اﻠﺨﻨزرﺔ

Tuesday, 19 October 2010 07:37 - Last Updated Friday, 12 November 2010 11:35
Scrofuloderma (Tuberculosis Colliquativa Cutis) = اﻠﻤﺘﻤﻴﻊ اﻠﺠﻠﺪ ﺳﻞ--اﻠﺠﻠدﻴﺔ اﻠﺨﻨزرﺔ

Scrofuloderma is subcutaneous tuberculosis leading to cold abscess formation and a secondary breakdown of the overlying skin. It may be either multibacillary or paucibacillary. Scrofuloderma represents contiguous involvement of the skin overlying another site of infection (e.g., tuberculous lymphadenitis, tuberculosis of bones and joints, or tuberculous epididymitis). Prevalence is higher among children, adolescents, and the aged.

Differential Diagnosis of Lupus Vulgaris
- Sarcoidosis
- Lymphocytoma
- Discoid lupus erythematosus
- Tertiary syphilis
- Leprosy
- Blastomycosis or other deep mycotic infections
- Lupoid leishmaniasis

CLINICAL MANIFESTATIONS
Scrofuloderma most often occurs in the parotidal, submandibular, and supraclavicular regions and may be bilateral. It first presents as a firm, subcutaneous nodule, usually well defined, freely movable, and asymptomatic. As the lesion enlarges it softens. After months, liquefaction with perforation occurs, causing ulcers and sinuses. The ulcers are linear or serpiginous with undermined, inverted, bluish edges and soft, granulating floors. Sinusoidal tracts undermine the skin. Clefts alternate with soft nodules. Scar tracts develop and bridge ulcerative areas or even stretches of normal skin. Tuberculin sensitivity is usually pronounced.

HISTOPATHOLOGY
Massive necrosis and abscess formation in the center of the lesion are non-specific. However, the periphery of the abscesses or the margins of the sinuses contain tuberculoid granulomas.

DIAGNOSIS
If there is an underlying tuberculous lymphadenitis or bone and joint disease, the diagnosis usually presents no difficulty. Positive results on culture confirm the diagnosis.

COURSE
Spontaneous healing does occur, but the course is very protracted and it may be years before lesions have been completely replaced by scar tissue. Presence of the typical cribriform scars permits a correct diagnosis, even after the process has become quiescent. LV may develop at or near the site of scrofuloderma.

Differential Diagnosis of Scrofuloderma
- Mycobacterium avium-intracellulare lymphadenitis
- M. scrofulaceum infection
- Syphilitic gummas
- Sporotrichosis
- Actinomycosis
- Severe forms of acne conglobata
- Hidradenitis suppurativa