Chronic Ulceration of the Nose

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Clinical Image

A 16 year old man presented to our department in Mutare, Zimbabwe, with ulcers and crusts covering his nose and upper lip for 2 years (Figure 1). The lesions started as a small pimple spreading to his nose and upper lip causing nasal congestion. He was HIV positive and on first line antiretroviral therapy for 6 years. At presentation he had weight loss, intermittent fever and body weakness; he had no history of tuberculosis treatment or contact. Assuming he had a severe fungal infection he was treated with a topical antifungal cream and griseofulvin. Because of lack of improvement he was rediagnosed as having a chronic herpes simplex virus infection with bacterial superinfection and treated with cloxacillin and acyclovir. After the condition kept deteriorating. Based on the clinical picture and failure on antiviral, antifungal and antibacterial treatment Lupus Vulgaris (LV) was suggested after teleconsultation.

Chest X-ray was normal and because of lack of possibilities for further investigation (histopathology or culture), empirical antituberculosal treatment was started; the first improvement was seen after two weeks (Figure 2).

LV is a cutaneous form of Tuberculosis (TB), usually associated with pulmonary disease. The acral areas are favored and the lesions are usually solitary and very slow-growing. The clinical presentation can be very diverse with the most destructive type being an ulcerative form which may erode cartilage and bone. LV is a paucibacillary form of cutaneous TB, and \textit{mycobacterium} often cannot be detected histopathologically or by culture.

Although tuberculosis is very prevalent in Zimbabwe, cutaneous TB is a diagnosis rarely made. Lack of awareness leads to delayed diagnosis as in this case where the patient remained undiagnosed for 2 years. Teleconsultation may attribute to clinical problem solving in resource-poor countries where specialist dermatological expertise is lacking.