LUPUS VULGARIS FOLLOWING EAR-PIERCING

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INTRODUCTION

Tuberculosis (TB) is one of the most common, rampant infectious diseases in underdeveloped countries. In countries like India, while great progress has been made, TB is still very common; with 2.3 million new cases diagnosed every year [1]. The pattern of cutaneous TB has been changing over the last few decades. By 1980’s the incidence of cutaneous TB in India had fallen to 0.15% [3]. More recent reports suggest that cutaneous TB is again becoming more prevalent with incidence of 0.26% [2]. A current problem is that atypical and even standard presentations may be overlooked, through lack of familiarity with the various patterns that may occur.

Among the cases of cutaneous TB reported in India, 57.69% are found to be that of lupus vulgaris [2]. These lesions are acquired exogenously or endogenously, although the former is significantly less common. Lupus vulgaris can arise at the site of a primary inoculation such as tattooing, ear piercing or following BCG immunization.

CASE REPORT

A 21-year-old woman, presented to our out-patient department, with a history of a fleshy growth in both ear lobules since 3 years. She first noticed the growth, at 2 weeks, following piercing of her ears for attaching adornments. Interestingly the growth started at the site of piercing and gradually progressed to involve the entire posterior aspect of both ear lobules. She did not complain of pain, itching, bleeding or any form of discharge from the growth or the site of ear piercing. She presented to the out-patient department in view of cosmetic disfigurement.

Cutaneous examination (Fig.1) revealed a soft, erythematous plaque-like growth, involving the entire posterior aspect of both ear lobules completely obscuring the site of ear piercing. It also involved the lower one thirds of anterior aspect of both ear lobules. The overlying skin was smooth with few indentations. Histopathological examination (Fig.2) revealed focal hyperplastic changes in epidermis & multiple epithelioid cell granulomas & a diffuse lymphocytic infiltrate in the entire dermis, extending into the subcutaneous fat. On the basis of these clinical features & histopathological examination findings, a diagnosis of lupus vulgaris was made and she was started on anti-tuberculous treatment. The lesions started regressing after 2 weeks.

Fig 1: showing the soft plaque-like growth in right and left ear lobules respectively

ABSTRACT

In India, two-thirds of cutaneous tuberculosis cases are found to be lupus vulgaris. Lupus vulgaris could be due to primary or secondary infection to Mycobacterium tuberculosis. Innumerable cases of lupus vulgaris, secondary to a systemic affliction i.e., arising from an underlying focus of tuberculosis have been noted. Very few cases of primary lupus vulgaris have been reported. It may appear as a solitary lesion in the skin at a site of primary inoculation such as tattooing or ear-piercing. We hereby report a case of lupus vulgaris in a 21-year-old female following ear-piercing. Cutaneous examination revealed a soft, erythematous plaque-like growth, involving the entire posterior aspect of both ear lobules completely obscuring the site of ear piercing. It also involved the lower one thirds of anterior aspect of both ear lobules. The overlying skin was smooth with few indentations. Histopathological examination (Fig.2) revealed focal hyperplastic changes in epidermis & multiple epithelioid cell granulomas & a diffuse lymphocytic infiltrate in the entire dermis, extending into the subcutaneous fat. On the basis of these clinical features & histopathological examination findings, a diagnosis of lupus vulgaris was made and she was started on anti-tuberculous treatment. The lesions started regressing after 2 weeks.

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Lupus vulgaris is a chronic, progressive, post primary, paucibacillary form of cutaneous tuberculosis, occurring in a person with a moderate or higher degree of immunity[9]. It originates from an underlying focus of tuberculosis, typically in a bone, joint or lymph node. It may arise by either contiguous extension of disease from underlying affected tissue or by hematogenous or lymphatic spread. Lupus vulgaris may also arise due to direct inoculation of mycobacterium tuberculosis into the skin in a non-sensitized patient. This may result from minor abrasion, tattooing, ear piercing, minor surgical procedures or infections. There is a 10% risk of developing squamous cell carcinoma from a lupus vulgaris lesion that may be left untreated[9]. This necessitates the need for knowledge, of the fact that lupus vulgaris occurs not only as a post-primary lesion, but also due to primary inoculation of the Mycobacterium.

CONCLUSION

As ear piercing practices are most common across the world, the rarer & treatable complications of this procedure have to be considered. This case of lupus vulgaris following ear-piercing, has been highlighted for its rarity and also to create awareness among dermatologists.

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REFERENCES

