

Visual Treats in Dermatology

Lupus vulgaris

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Received : 08 June 2021
Accepted : 10 June 2021
Published : 26 June 2021

DOI
10.25259/CSDM_24_2021

Quick Response Code:



A 45-year-old female presented with a solitary, asymptomatic red-brown arcuate plaque over the right forearm for 7 years. The lateral edge had an active infiltrated margin with trailing scar and hypopigmentation [Figure 1]. Based on histopathological findings of epithelioid granulomas in the dermis and epidermal changes, strong Mantoux test positivity, and response to antituberculous therapy, diagnosis of lupus vulgaris was confirmed. Lupus vulgaris originates from an underlying tuberculosis focus as a small, reddish-brown, flat plaque which extends peripherally with areas of atrophy.^[1] The treatment is multidrug antituberculosis therapy.



Figure 1: A red-brown arcuate plaque showing peripheral infiltrated advancing margin with central scarring and hypopigmentation over the right forearm.

Declaration of patient consent

Patient's consent not required as patients identity is not disclosed or compromised.

Financial support and sponsorship

Nil.

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Conflicts of interest

There are no conflicts of interest.

A 3 year experience at a tertiary care centre. Indian Dermatol Online J 2014;5:461-5.

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How to cite this article: Gunasekaran AK, Narayanan A. Lupus vulgaris. CosmoDerma 2021;1:21.