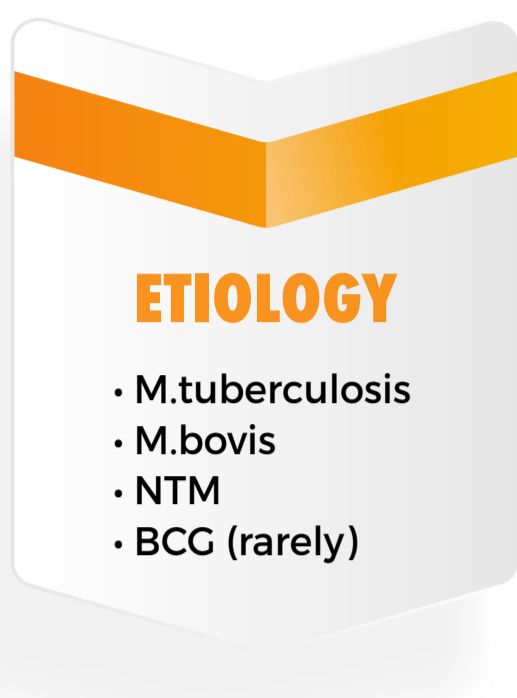




## Standard Treatment Workflow (STW) for the Management of **CUTANEOUS TUBERCULOSIS** ICD-A18.4



### WHEN TO SUSPECT

- Presence of ulcer or discharging sinus over lymph node, bone & joints
- Persistent asymptomatic reddish/reddish brown lesion of >6 months duration which may show scarring
- Persistent warty or verrucous lesion of >6 months duration

### OTHER FEATURES

- Extracutaneous involvement
- Lymph node & lungs involvement
- Other organ systems involvement (bones, GIT & CNS)

### TYPES OF CLINICAL DISEASE

- Primary Inoculation tuberculosis
- Tuberculosis verrucosa cutis
- Lupus vulgaris
- Scrofuloderma
- Acute miliary tuberculosis
- Orificial tuberculosis
- Metastatic tuberculous
- Abscess (tuberculousgumma)
- Normal primary complex-like reaction
- Postvaccination
- Perforating regional adenitis
- Lichen scrofulosorum
- Papulonecrotictuberculid
- Facultative tuberculids
- Nodular vasculitis & Erythema nodosum



Lupus Vulgaris



Lupus Vulgaris



Scrofuloderma



Scrofuloderma



Verrucous TB



Verrucous TB

## INVESTIGATION

### INVESTIGATIONS

- **Histopathology:** Granulomas with epithelioid histiocytes & Langerhans - type giant cells
- **FNAC:** If indicated
- **IGRA/PCR:** Not recommended for diagnosis

### SCREENING FOR SYSTEMIC INVOLVEMENT

- **Examination:**
  - › Lymph node to be examined (FNAC)
  - › Other organ system can be done if indicated
- **Essential:**
  - › Chest X-ray
  - › FNAC from the indurated part of lesion
- **Desirable:**
  - › Histopathology
  - › Culture from biopsy sample (Not swab)

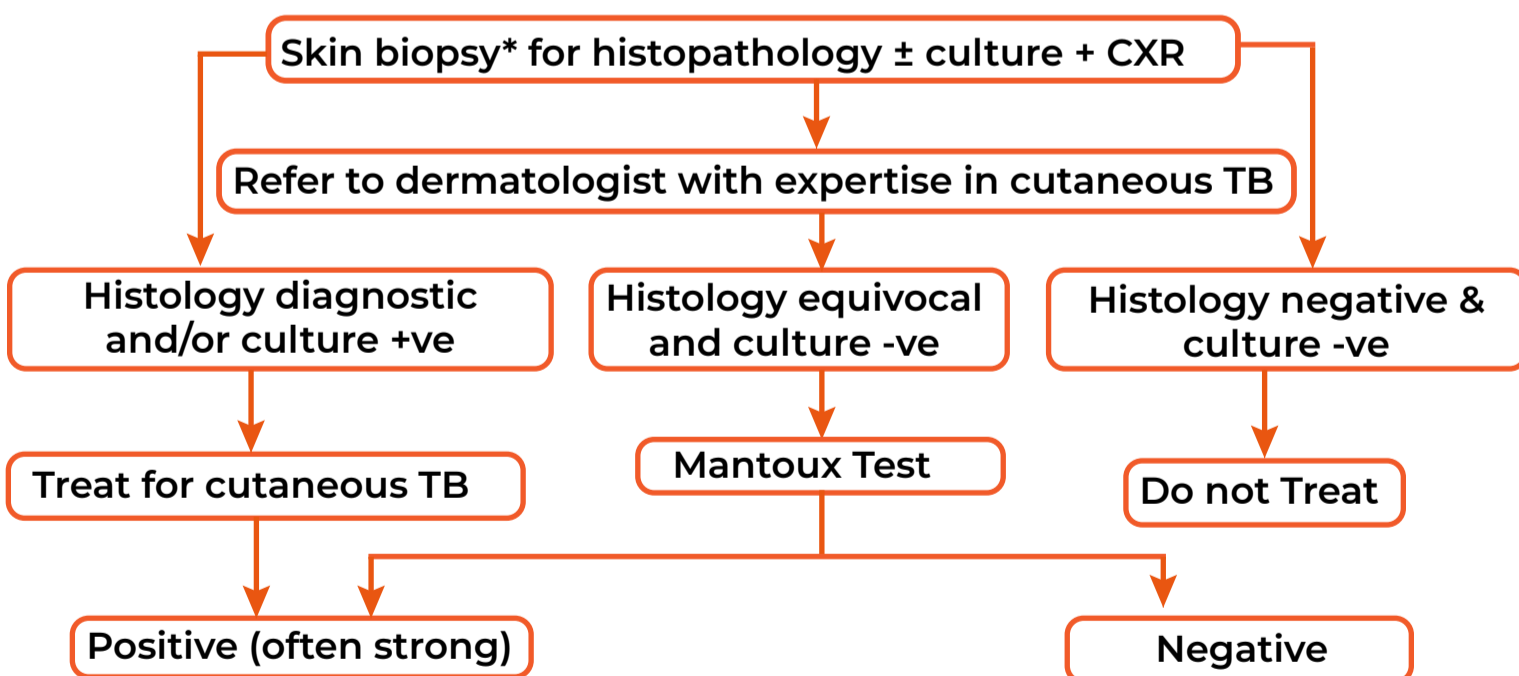
### CASE DEFINITION

- A) Confirmed case:**
- › M.tuberculosis complex identified by either culture or NAAT or histology shows typical morphology
  - › Full course of ATT which led to complete clearance of lesions
- B) Probable case:**
- › Typical skin lesion with no positive features/investigation as mentioned above (A)

## DIAGNOSTIC ALGORITHM

### Suspected TB case based on presence of clinical signs

- Ulcers/discharging sinuses over sites of LN, bones & joints
- Persistent, asymptomatic raised reddish/reddish brown lesion of >6 months' which may show scarring at one end
- Persistent, warty skin lesion of >6 months'



- **Strong clinical suspicion**
- › Start ATT

\*FNAC can be done if facilities for skin biopsy are not available

## MANAGEMENT

### TREATMENT

- Similar to Pulmonary TB as per NTEP
- DR -TB to be kept in mind
- No role of steroids, oral or topical, in management of CT

### FOLLOW UP

- 1st follow-up after 4-6 weeks; majority improves
- If no response after 8 weeks
- Alternate diagnosis/DR-TB; refer to higher centre

## ABBREVIATION

ATT: Anti-Tubercular treatment  
BCG: Bacille Calmette Guerin vaccine  
CNS: Central Nervous system  
CT: Cutaneous Tuberculosis  
CXR: Chest X-ray

DR-TB: Drug resistant Tuberculosis  
FNAC: Fine needle aspiration cytology  
GIT: Gastro-intestinal tract  
IGRA: Interferon Gamma Release assay  
LN: Lymph node

NAAT: Nucleic acid amplification test  
NTEP: National TB Elimination Programme  
NTM: Non-Tuberculous Mycobacterium  
PCR: Polymerase chain reaction test  
TB: Tuberculosis

## REFERENCES

1. National TB Elimination Programme, Central TB Division. Training Modules for Programme Managers & Medical Officers. Ministry of Health & Family Welfare, Government of India <https://tbcindia.gov.in/index1.php?lang=1&level=1&sublinkid=5465&lid=3540> Last access on 15 March, 2022.
2. Guidelines for programmatic management of drug resistant tuberculosis in India March 2021. National TB Elimination Programme, Central TB Division, Ministry of Health & Family Welfare, Government of India <https://tbcindia.gov.in/showfile.php?lid=3590> Last access on 15 March, 2022.

This STW has been prepared by national experts of India with feasibility considerations for various levels of healthcare system in the country. These broad guidelines are advisory, and are based on expert opinions and available scientific evidence. There may be variations in the management of an individual patient based on his/her specific condition, as decided by the treating physician. There will be no indemnity for direct or indirect consequences. Kindly visit our web portal ([stw.icmr.org.in](http://stw.icmr.org.in)) for more information.

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