

Scrofuloderma - a rare but serious diagnostic challenge

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Scrofuloderma is an extrapulmonary form of tuberculosis (TB) that affects the skin and is statistically belongs to rare forms of tuberculosis. It is caused by the direct spread of infection from an adjacent endogenous tuberculous focus (usually from an underlying tuberculous lymphadenitis). In this case report, we present an 80-year-old patient with scrofuloderma who was initially examined at the Clinic for Rheumatology and the Clinic for Hematology, observed for lymphoma. Due to changes in the skin of the neck, which date back several months, the patient was referred to the outpatient department of the Institute for Pulmonary Diseases and Tuberculosis. Physical examination revealed multiple tumor formations on the left side of the neck, and a swab was taken from the fistulized one. An ultrasound examination and a CT scan of the neck region revealed several pathologically changed lymph nodes, the largest of which was 17 mm in diameter. Microbiological analyzes of the swab sample did not identify acid-fast bacilli (AFB) by fluorescence microscopy, but liquid and solid culture gave a positive result and identification of *Mycobacterium tuberculosis* (MTB). After the surgical removal of one of the lymph nodes, the pathohistological findings showed features of chronic granulomatous inflammation, and microbiological analyzes confirmed the tuberculous process in the excised lymph node (smear positive fluorescence microscopy for AFB, Loewenstein-Jensen culture isolate, with chromatography identification positive for MTB, and GeneXpert MTB/Rif positive result for MTB - rifampicin sensitive). After the diagnosis, an intensive phase of antituberculous therapy - consisting of 4 first-line drugs - was initiated. With regular therapy, an excellent response was achieved with regression of the enlarged lymph nodes on follow-up (clinically, with ultrasound and CT scan examination), and clinically improved general health condition of the patient.

Keywords: tuberculosis, scrofuloderma, antitubercotics