



INFECTIOUS DISEASES (BACTERIAL, FUNGAL, VIRAL, PARASITIC, INFESTATIONS)

## LUPUS VULGARIS IN A HUMAN IMMUNODEFICIENCY VIRUS PATIENT: A CASE REPORT

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**Background:** Tuberculosis (TB) has been consistently included as one of the top 10 leading causes of morbidity in the Philippines. Cutaneous tuberculosis (CTB) is uncommon, comprising 1-1.5% of all extra-pulmonary tuberculosis manifestations, which manifests only in 8.4-13.7% of all tuberculosis cases. One of its forms coming from an endogenous source is lupus vulgaris. In our institution, there were 90 biopsy-proven cases of lupus vulgaris from 2000-2017.

**Observation:** We report a case of a 38-year old Human immunodeficiency virus (HIV) diagnosed male, on highly active anti-retroviral therapy (HAART) presenting with three month history of night sweats, productive cough, weight loss and undocumented fever. Patient also noted a solitary erythematous papule on the right side of the neck which gradually increased in size, forming a tumor. Chest Xray was done was read as pulmonary tuberculosis. Sputum gene xpert was positive for Mycobacterium tuberculosis. Patient was then referred to our service. Based on the following criteria: (+) tuberculin skin test, (+) sputum gene xpert, and histopathology, patient was diagnosed with cutaneous tuberculosis, specifically, lupus vulgaris. Patient was referred to Infectious Disease service and was given anti-tuberculous medications for nine months which resulted in resolution of the lesion. Chest Xray was read as pulmonary tuberculosis, resolved.

**Key Message:** Cutaneous tuberculosis is a rare condition that can be seen among HIV patients. Clinicopathological correlation is warranted to arrive at an accurate diagnosis. Early institution of treatment is imperative to achieve success.

