

A Rare Cause of Neck Abcess; Scrofuloderma

Boyun Apsesinin Nadir Bir Nedeni; Scrofuloderma

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Dear Editor,

One of the extra-pulmonary manifestations of tuberculosis is skin tuberculosis such as scrofuloderma. Scrofuloderma typically extends to neighboring structures or results from a tuberculous lymphadenitis. It frequently involves parotideal, submandibular, and supraclavicular regions and lateral aspects of the neck. Ulcers and sinuses develop and a fluid, purulent or caseous, material discharge may be observed. Sinusoidal tracts deform the skin and cause subcutaneous pockets and soft nodule formations (1-4). The aim of this case is to draw attention to rare presentations of tuberculosis and to remind readers of scrofuloderma as an etiology in patients presenting at the emergency department with a neck abcess.

A 79-year-old lady presented at our emergency department with a purulent wound on the right side of her neck. Her lesions had been present for 2 months with no response to various oral and topical antibiotics. She had no history of previous tuberculosis. She did not have any systemic complaints like cough, weight loss, and fever. On physical examination, she had a poor general appearance, was conscious, and had purple-colored 12 cm long cicatrices with an erythematous circumference extending anteroposteriorly on the right side of the neck, as well as an ulcerated lesion of 1x6 cm with irregular and protruded borders and a center with a purulent discharge (Figure 1). Other systems were normal on examination. She had a blood pressure of 90/50 mmHg, pulse rate of 114 bpm, respiratory rate of 14/min, and body temperature of 37.2°C. Laboratory tests revealed a white blood cell (WBC): 19.3 K/uL (NEU: 96.3%) and a high sedimentation rate, other parameters were within normal limits. Computerized tomography (CT) of the thorax with intravenous contrast (IVC) showed nodular areas of infiltration-consolidation with air bronchograms in both lungs and multiple lymph nodes at both axillae, the largest being 21x15 mm on the right side (Figure 2a). Neck CT with IVC revealed multiple lymph nodes at the anterior-posterior cervical chain and supraclavicular area bilaterally, the largest

being 22x18 mm, with a tendency to coalesce, fistulizing to skin, containing areas of necrosis, and extending to the vocal cords at the level of the hyoid bone (Figure 2b). Based on these radiologic findings, an initial diagnosis of miliary tuberculosis and neck abcess related to tuberculous lymphadenitis were made. There was no proliferation in sputum and abcess cultures; however, (+++) bacilli were observed on Ziehl-Neelson histochemical staining of the sputum. Multi-drug antituberculosis treatment, wide-spectrum antibiotherapy and symptomatic supportive treatment were begun.

In recent years, skin tuberculosis has been increasingly observed in developing countries because of the increased prevalence of HIV infection and immunosuppressive drug treatment (2, 3). Scrofuloderma has been observed in children (4). Although the mortality of skin tuberculosis is not very high, it should be remembered in differential diagnosis owing to its chronic course and requirement of multi-drug regimens (5).



Figure 1. View of ulcerated lesion on the patient's neck

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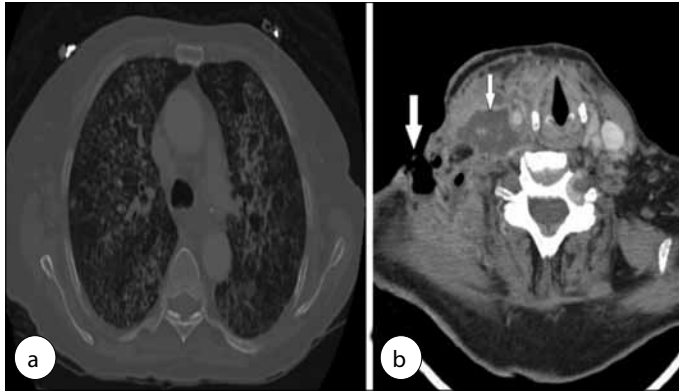


Figure 2. Sections of the patient's chest and neck CT. **a;** view of miliary tuberculosis, **b;** skin fistulization (thick arrow) and abscess formation (thin arrow), respectively

In conclusion; skin tuberculosis causes no increased morbidity; however, its chronic course and necessity of multi-drug regimens increase its importance. In countries like ours, where tuberculosis

poses a risk for public health, the differential diagnosis of chronic skin lesions should always include skin tuberculosis.

Conflict of Interest

No conflict of interest was declared by the authors.

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ERRATUM / DÜZELTME

Due to typesetting errors author names of the article titled "Demographical Features of Patients with Suicidal Drug Intoxication, Glasgow Coma Scale and Revised Trauma Score Relationship with Mortality" were published erroneously in December 2012 issue (Volume: 11, Issue: 4) of our journal. The correct names of the authors are listed below. We hereby correct this mistake and apologize from our readers.

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Dergimizin "Cilt: 11 Sayı: 4 Aralık 2012" tarihli baskısında yayınlanmış olan "Demographical Features of Patients with Suicidal Drug Intoxication, Glasgow Coma Scale and Revised Trauma Score Relationship with Mortality" başlıklı makalenin yazar isimleri dizgi hatası sonucunda yanlış yazılmıştır. Doğru yazar isimleri aşağıdaki gibi olmalıdır. Düzeltir, tüm okuyuculardan özür dileriz.

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