A CASE OF NON-HEALING ULCER – "CONTINUE DRESSING, TCA PRN"

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INTRODUCTION:

Healthcare workers (HCWs) have increased risk of TB infection compared with the general population. TB infection may spread through airborne or direct inoculation to skin. Management of wound is a clinic routine for us especially in surgical based clinic. Although acute wounds are easier to manage, a chronic wound warrants further investigations. There are many aetiology for the incidence of chronic non-healing wound, ie: concomitant fungal infections, vascular insufficiency, and as in our case, cutaneous TB.

REPORT:

Right thigh abscess

This healthy 25 year-old lady, Dental Officer, referred to our clinic for a non-healing wound over the lateral aspect of right thigh for about 2 months. Her initial presentation was a painful right lateral thigh swelling and incision and drainage was done.

3 tissue samples were sent for Acid Fast Bacilli (AFB) Staining and tissue for histopathological examination (HPE) and one for Mycobacterium Tuberculli culture and sensitivity (MTB C&S). The AFB test was positive along with the Mantoux test. HPE showed epithelioid granuloma, lymphocytes and multinucleated Giant cells. MTB C&S showed growth of Mycobacterium abscessus. Pulmonary TB was excluded the point of diagnosis made.

Patient was treated with oral anti-TB for 7 months. Initial treatment was with AKuriT-4 (Rifampicin, Isoniazid, Pyrazinamide, Ethambutol) for 8 weeks followed by AKuriT-2 (Rifampicin and Isoniazid) for 20 weeks. During the course of treatment, wound dressing was done accordingly. Towards the 6th month of treatment, wound healed completely and no recurrence seen during clinic appointment.

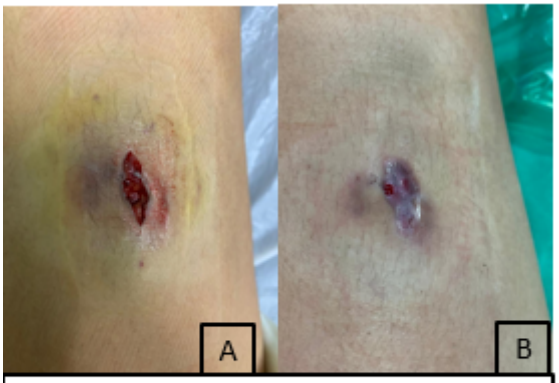

Figure A: Showing the initial wound post incision and drainage.
Figure B: Showing the wound is healing at 5 months of anti-TB treatment.

CONCLUSION:

Cutaneous TB

A chronic wound warrants thorough investigations, and the "great mimicker" over centuries @ TB should not be forgotten. Wound /abscess due to TB should respond well to anti-TB medications along with surgical intervention.

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