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ATRESIA AND DEFORMITY OF NOSTRIL IN CUTANEOUS TUBERCULOSIS

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SUMMARY

A case of nasal atresia and deformity caused by tuberculosis in a 10 years old girl is presented.

Case Report

A 10-year old girl presented with inability to breathe through one of the nostrils. A year back she developed a boil near the right nostril which got healed spontaneously in fifteen days and resulted in obstruction of the nostril.

There was no other significant clinical finding except the nasal atresia and scarring near the nostril. Routine investigation including haemogram, ESR, urine examination, and chest X-ray were normal. Surgical correction was done by complete excision of the scar and resurfacing of the raw area with split skin graft. Post-operative, stenosis was checked by putting a rubber tube inside the nostril around which the graft was put. There was no post-operative complication and the patient was discharged after a week with satisfactory nasal orifice.

The patient came back after 3 months with the evidence of restenosis, ulceration and granulomatous changes in the skin around the nasal orifice (Fig. 1).

She was readmitted and a biopsy was taken from the granulomatous lesion, which showed central caseation, epitheloid cells and Langhan's giant cells, compatible with tuberculosis (Fig. 2). A battery of investigation including haemogram, ESR, Mantoux test, chest X-ray, sputum examination for mycobacterium tuberculosis were done. Only the ESR was raised and Mantoux test was positive. No other investigation was positive for tuberculosis.

She was kept on antitubercular drugs. The granulation tissue reduced and the ulcer showed signs of healing after a month of antitubercular therapy.

Discussion

Tuberculous infection of the alae and its base is rare (Bernet, 1985). It usually affects the younger age group and is twice more common in females than males. Cutaneous tuberculosis (Lupus vulgaris) probably is an attenuated form of tuberculosis and is usually secondary to tuberculosis of the lung (Harahap, 1985). Lupus of the nose generally begins on the anterior portion of the cartilagenous septum or on the skin around the nasal orifice. The lesion is characterised by nodules which may ulcerate. The course is very slow and the process may continue for years if not diagnosed and treated (Ballenger, 1985). The reparative process takes place feebly at the margins of the ulcer, thus forming a pale blue cicatrix. The scarring may lead to deformity (Onishi, 1983). The diagnosis is based on histopathological examination where caseation is usually absent. Demonstration of Mycobacteria from the site is usually not possible.

In the present case there was an isolated lesion of lupus vulgaris affecting only the nostril. There was no evidence of tuberculosis elsewhere in the body. Nasal atresia may be post-traumatic or post-inflammatory due to small pox, bacterial infection or cancrum oris.

Conclusion

The possibility of tuberculosis should be ruled out before attempting reconstructive surgery on patients with atresia of the nostrils, in order to avoid post-operative complications.

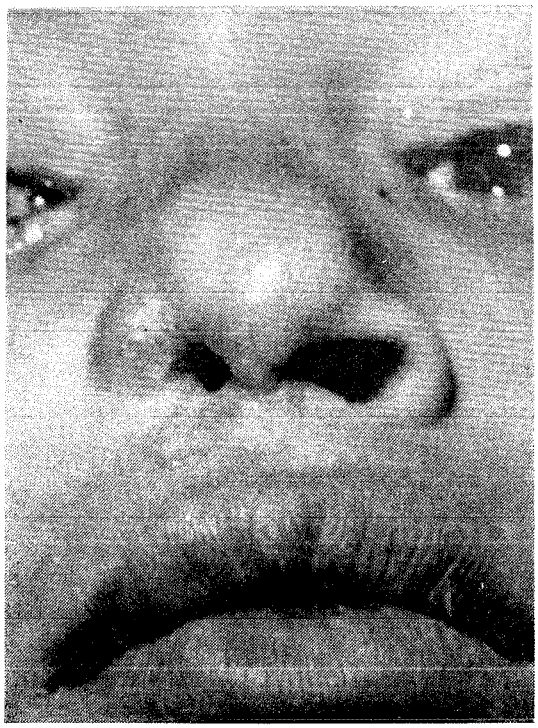

Fig. 1. Post-operative Photograph.

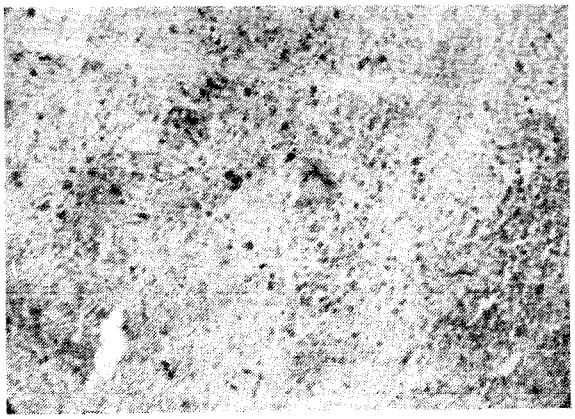

Fig. 2. Microphotograph showing T.B. Histology (Biopsy) photograph of tissue excised from stenosed nostril.

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