INTRODUCTION
Tuberculosis of skin is rare manifestation of the spectrum of this disease. It is usually seen in children or young adults and an important marker of occult tuberculosis. Typically, the eruption appears in children and adolescents with strong immune sensitivity to Mycobacterium tuberculosis and consists of tiny follicular papules. Underlying systemic involvement is more common in children, compared with adults. We report a case of 3 years old boy who was investigated for pyrexia of unknown origin and finally diagnosed as Lichen Scrofulosorum associated with tuberculous lymphadenitis of mediastinal lymph nodes. The patient presented with a generalized maculo-papular rash on the trunk since the last 2 months. He had history of common cold and decreased oral acceptance. He had received various treatments like oral antibiotics and antihistaminics but did not show any improvement. There was a family history of contact with tuberculosis in his grandmother. General physical examination did not reveal any significant lymphadenopathy and pallor. Systemic examination of cardio-respiratory, abdominal and central nervous systems did not reveal any abnormalities.

Cutaneous examination showed multiple, conglomerate, reddish-brown, erythematous follicular and extrafollicular lichenoid flat topped papules located on the front and back of the trunk (Figure 1). The examination of hairs, nails and mucosal surfaces did not show any abnormalities. Laboratory examination revealed hemoglobin level of 11.7 gm%, erythrocyte sedimentation rate of 44 mm in the first hour, total leukocyte count of 22300/cmm with 62% neutrophils, thrombocyte count of 520 x 10^3/cmm and a strongly reactive tuberculin test with an induration of 20 x 18 mm. C-reactive protein was positive, but anti-nuclear antibody, Rheumatoid factor, serum Widal, anti-streptolysin-O and HIV ELISA was negative. Liver and renal function tests were found to be normal. Chest X-ray revealed right paratracheal and hilar lymphadenopathy. Contrast enhanced CT scan of chest showed features suggestive of tubercular lymphadenitis of mediastinal lymph nodes.

CASE REPORT
A 3 years old boy presented to us with fever for last 3 months with a generalized maculo-papular non-pruritic rash on the trunk since the last 2 months. He had history of common cold and decreased oral acceptance. He had received various treatments like oral antibiotics and antihistaminics but did not show any improvement. There was a family history of contact with tuberculosis in his grandmother. General physical examination did not reveal any significant lymphadenopathy and pallor. Systemic examination of cardio-respiratory, abdominal and central nervous systems did not reveal any abnormalities.

Cutaneous examination showed multiple, conglomerate, reddish-brown, erythematous follicular and extrafollicular lichenoid flat topped papules located on the front and back of the trunk (Figure 1). The examination of hairs, nails and mucosal surfaces did not show any abnormalities. Laboratory examination revealed hemoglobin level of 11.7 gm%, erythrocyte sedimentation rate of 44 mm in the first hour, total leukocyte count of 22300/cmm with 62% neutrophils, thrombocyte count of 520 x 10^3/cmm and a strongly reactive tuberculin test with an induration of 20 x 18 mm. C-reactive protein was positive, but anti-nuclear antibody, Rheumatoid factor, serum Widal, anti-streptolysin-O and HIV ELISA was negative. Liver and renal function tests were found to be normal. Chest X-ray revealed right paratracheal and hilar lymphadenopathy. Contrast enhanced CT scan of chest showed features suggestive of tubercular lymphadenitis of mediastinal lymph nodes.

ABSTRACT
Cutaneous tuberculosis forms a subset of extra pulmonary tuberculosis. It accounts for about 1.5% of all the cases of extrapulmonary tuberculosis. Lichen Scrofulosorum is a rare form of cutaneous tuberculosis. It is usually seen in children or young adults and an important marker of occult tuberculosis. Usually, the eruption appears in children and adolescents with strong immune sensitivity to Mycobacterium tuberculosis and consists of tiny follicular papules. Underlying systemic involvement is more common in children, compared with adults. We report a case of 3 years old boy who was investigated for pyrexia of unknown origin and finally diagnosed as Lichen Scrofulosorum associated with tuberculous lymphadenitis of mediastinal lymph nodes. The child was treated with antitubercular drugs and it showed improvement within 2 weeks of starting treatment with resolution of skin lesions.

Key Words: Cutaneous tuberculosis. Lichen Scrofulosorum. Pyrexia of unknown origin.
Skin biopsy from a papule showed non-caseating, epithelioid granulomas in the superficial dermis. Dermis showed periadnexal and perivascular chronic inflammatory infiltrates. Tubercular bacilli could not be detected on acid-fast staining. Culture for Mycobacterium tuberculosis was sterile.

Anti-tubercular therapy was started with four drugs—Rifampicin, Isoniazid, Ethambutol and Pyrazinamide for first 2 months, followed by Rifampicin and Isoniazid for 4 months. The patient showed significant clinical improvement with decreased fever and increased appetite along with disappearance of skin lesions within 2 weeks of starting therapy.

**DISCUSSION**

Cutaneous tuberculosis represents about 1.5% of all cases of extra pulmonary tuberculosis and it is a major health problem in South East Asian countries. Hebra, first described Lichen Scrofulosorum in 1868 as a lichenoid eruption in children and adolescents with occult tuberculosis and associated with strongly positive tuberculin reactions. The concept of the tuberculid was introduced by Darier in 1896. Tuberculids are generalized exanthems in the skin, resulting from hypersensitivity reactions to Mycobacterium tuberculosis or mycobacterial antigen in an individual with strong anti-tuberculosis cell mediated immunity. This group includes Lichen Scrofulosorum, papulonecrotic tuberculid, erythema induratum and superficial thrombophlebitic tuberculid. Lichen Scrofulosorum is the most uncommon clinicopathologic variant of the tuberculids. Scrofuloderma is a form of cutaneous tuberculosis (TB) resulting from contiguous extension of an underlying tuberculous focus, most commonly over a lymph node. It is a cutaneous immunological reaction to the presence of occult tuberculosis in a patient with strong immunity. It has features like evidence of past or present occult tuberculosis, positive tuberculin test and a good response to antituberculous therapy. The skin eruption of Lichen Scrofulosorum usually consists of perifollicular, lichenoid papules arranged in a groups and it should be differentiated from the similar skin eruption like Keratosis pilaris, lichen nitidus and pityriasis rubra pilaris. The pathogenesis of Lichen Scrofulosorum is considered to be hematogenous spread of bacilli that are usually absent in tuberculids as they have been destroyed by immunological mechanisms. Presence of Mycobacterium tuberculosis DNA in PCR in papulonecrotic tuberculide type of lesion, and the rapid resolution of both the types with antituberculous therapy, made the diagnosis very certain.

We report this case as a rare dermatosis which present as pyrexia of unknown origin (PUO). After starting treatment with antitubercular therapy this child responded so well and the skin lesion started resolving within 2 weeks of treatment. Thus, every child who presented with PUO and cutaneous rash occult tuberculosis like skin tuberculids must be looked for.

**REFERENCES**