OBSTETRIC CASE REPORTS

Cutaneous tuberculosis in pregnancy

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Case report

A 32-year-old woman complained at booking, of backache from 8 weeks' gestation. She was referred to physiotherapy, the pain being attributed to musculoskeletal pain related to pregnancy. By 18 weeks she was using crutches. She had a spontaneous preterm delivery at 34 weeks.

She presented 2 weeks later with pyrexia of 37.8°C. Clinical examination was unremarkable. She was started on antibiotics. Vaginal swabs, urine and blood cultures were non-diagnostic. She continued to have a swinging pyrexia for 4 days. The antibiotics were changed without effect.

Further clinical examination showed erythematous tender papulonodular lesions with surrounding scarring on the pulps of the left index and middle fingers. The patient had ignored these cutaneous lesions, present for 6 weeks, believing them to be an allergic reaction to detergent. Neurological examination revealed reduced power of the right hip flexors 4/5 and diminished sensation over L1 distribution.

Ultrasound, CT and MRI showed a right psoas abscess and spinal epidural abscess at L2–L3 with partial collapse of the L3 vertebral body and thecal compression. Chest X-ray revealed bilateral diffuse nodular shadowing. A diagnosis of miliary tuberculosis with vertebral ostoemyelitis, psoas abscess and cutaneous tuberculosis was reached. Skin biopsies from the finger lesions showed a necrotising epithelioid cell granuloma in the dermis, with Langhans giant cells, consistent with tuberculosis. Cultures from the skin biopsy and from CT guided aspirate of the retroperitoneal collection yielded *Mycobacterium tuberculosis*. She was started on antitubercular treatment and prednisolone. Her pyrexia settled.

Discussion

Backache is very common in pregnancy affecting 50% of women, often in the third trimester. Possible causes include increased lumbar lordosis, Ostgaard *et al.* (1993) and increased levels of relaxin, Kristiansson *et al.* (1996).

Spinal tuberculosis causing backache in pregnancy is a rare but difficult diagnosis. Clinical pointers, as found in our patient, are neurological deficits, early onset and mobility limitation.

In this case, the diagnosis of a systemic infection was suspected when the cutaneous lesions were seen. Cutaneous tuberculosis is rare and as far we are aware has never been reported before in association with pregnancy. It has considerable morphological variability, Dinning *et al.* (1985). Jelly-like nodules appear which may ulcerate and cause extensive scarring. Papules, vesicles and necrotic lesions with local lymph node involvement are possible variants. Standard chemotherapy is effective, hence the outcome is good. Our case illustrates the importance of being aware of the features of cutaneous tuberculosis for early diagnosis of tuberculosis in pregnancy.

References

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