Dermatology Practical & Conceptual

Cutaneous Tuberculosis: A Dermatologic Masquerader Not to Be Overlooked

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Citation: Toplu SA, Altunisik N. Cutaneous Tuberculosis: A Dermatologic Masquerader Not to Be Overlooked. *Dermatol Pract Concept.* 2026;16(3):6580. DOI: https://doi.org/10.5826/dpc.1603a6580

Accepted: July 28, 2025; **Published:** July 2026

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Funding: None.

Competing Interests: None.

Authorship: All authors have contributed significantly to this publication.

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To the Editor,

We read with great interest the case report by Ribeiro Junior et al. entitled "Hidradenitis Suppurativa-Like Tuberculosis: A Warning for Dermatologists", in which the authors present a compelling case of cutaneous tuberculosis (TB) mimicking hidradenitis suppurativa (HS) in a 17-year-old otherwise healthy male patient [1].

In this case, the prolonged duration of the lesions (eight months) and their location in intertriginous areas made HS a likely clinical consideration. However, physical examination revealed a painful right axillary nodule, bilateral ulcerations in the anterior axillary regions, and ulcerated plaques with granulation tissue in the lateral area. These findings are highly suggestive of cutaneous TB, particularly in endemic regions, and should not be overshadowed by the more common diagnosis of HS.

We believe that, despite the clinical suspicion of HS, the ulcerovegetative pattern observed in this patient mandates a thorough differential diagnosis, rendering biopsy indispensable. Moreover, the definitive diagnosis of cutaneous tuberculosis is established through histopathological examination and microbiological confirmation of bacterial specimens. Culture remains the gold standard, with a reported sensitivity of 80–85% and specificity of 98.5% [2]. The clinical presentation in this case was considered consistent with scrofuloderma, characterized by subcutaneous nodules forming sinus tracts. We were pleased to learn that the molecular rapid test (MRT) for TB was positive. However, in a case where cutaneous TB is suspected, it would have been highly valuable to also include histopathological sampling as well as mycobacterial culture and susceptibility testing results. Furthermore, in clinically ambiguous or treatment-resistant cases, early biopsy and molecular testing can significantly expedite diagnosis and prevent the inappropriate use of immunosuppressive therapies, which may exacerbate latent TB [3]. Hidradenitis suppurativa, which poses significant challenges in clinical management and often necessitates the use of various immunomodulatory agents, further underscores the importance of accurate differential diagnosis in such cases [4].

Cutaneous tuberculosis may present with a wide spectrum of clinical manifestations, including patches and plaques (e.g., lupus vulgaris, tuberculosis verrucosa cutis), macules and

papules (e.g., acute miliary TB, papulonecrotic tuberculid, lichen scrofulosorum), and nodules, abscesses, erosions, and ulcers (e.g., tuberculous chancre, orificial TB, scrofuloderma). Due to its ability to mimic a variety of dermatologic conditions, the differential diagnosis of diseases such as hidradenitis suppurativa warrants particular attention. Indeed, TB continues to earn its reputation as "the great imitator" [5].

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