Multiple Step-ladder Cervical Sinuses

A 23 years woman presented with one year history of painless, non-healing multiple discharging cervical sinuses. This patient initially noticed an almond-sized swelling in the right submandibular region which later burst out forming a 10 cm long serpiginous sinus with undermined edges and granulating floor. Following this, the patient serially developed eight 2-3 cm long discharging sinuses lying below the original one giving them a step-ladder pattern. Laboratory work-up revealed significantly positive Mantoux test (23x25 mm) and normal chest radiograph. Elisa for TB-IgG antibodies was positive. Cutaneous biopsy from the margins of sinus showed non-specific chronic granulomatous inflammatory infiltrate with no evidence of caseation necrosis, acid fast bacilli or sulfur granules. Based on these tests, a presumptive diagnosis of cutaneous tuberculosis was made. She was given anti-tubercular therapy to which the patient responded well and sinuses started healing. After 8 months of therapy, all linear sinuses healed except the one which was top-most (Fig. 1) and this also healed by the end of 9 months of ATT.

The tubercle bacilli many a times do not yield typical histopathological features in their cutaneous manifestations. Almost similar presentation can be seen as hesitation wound marks in suicidal cases. However, the hesitation wounds in a right handed person are usually high up on the left side passing obliquely across to the front of neck. The final diagnosis was scrofuloderma, a subtype of cutaneous tuberculosis.

REFERENCES

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