

## Picture Prognosis

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A 36-year-old healthy male presents with a 15-year history of a non-healing left foot ulcer that began after minor trauma. The lesion is erythematous with a violaceous rim, intermittently exudative, and unresponsive to antibiotics, antifungals, and steroids. He has no systemic symptoms. Biopsy shows tuberculoid granulomas with multinucleated giant cells, and Ziehl-Neelsen stain is positive for acid-fast bacilli. What's your diagnosis?

1. Chronic fungal infection
2. Nummular dermatitis
3. Cutaneous tuberculosis
4. Pyoderma gangrenosum

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### **Answer: Cutaneous tuberculosis**

The biopsy demonstrates tuberculoid granulomas with epithelioid histiocytes and multinucleated giant cells, and Ziehl-Neelsen stain confirms acid-fast bacilli, directly supporting TB. The chronic, non-healing ulcer following trauma (possible inoculation) and eventual response to anti-TB therapy further confirm the diagnosis.

Nummular dermatitis was the initial misdiagnosis, but the lesion showed no sustained response to topical corticosteroids and persisted for 15 years, which contradicts a simple inflammatory dermatosis. Despite treatment with multiple antifungals, the lesion showed minimal to no improvement, and biopsy instead revealed granulomas with AFB positivity, not fungal elements. Although Pyoderma gangrenosum can present as a chronic ulcer, the case lacks features like rapid progression or systemic inflammatory disease, and instead provides histological evidence of TB (granulomas + AFB).

Chronic ulcers even in healthy patients without risk factors require histopathological confirmation when unresponsive to standard therapy.