A Case of Lupus Vulgaris in an African Woman

BY

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In the July issue of the *Central African Journal of Medicine* Dr. Gelfand presented a case of lupus vulgaris in an African woman. The author mentioned that in Africans and negroes lupus vulgaris and other forms of tubercular skin disease are rare. Besides Dr. Gelfand's case, only one case was reported from East Africa in 1946 by Piers and Wright.

I am glad to contribute a case of lupus vulgaris which occurred at Fatima Mission Hospital in March, 1958.

CASE HISTORY

Sophy Tshikani Ndlovu is a middle-aged Matabele woman who originally came from the Matopo area. Her mother is still alive, but her father died when she was about 15 years old. He was ill for about two months and died from a chest complaint, possibly tuberculosis.

She has five healthy children from about 15 to 25 years. There was no history of miscarriage or of venereal disease.

Her husband died in 1944 from an abdominal disorder characterised by dysentery, and she did not remarry. Her son works at the Central African Timbermill, Sekunkwa, near Lupane, and she stays with him. She has no garden, no

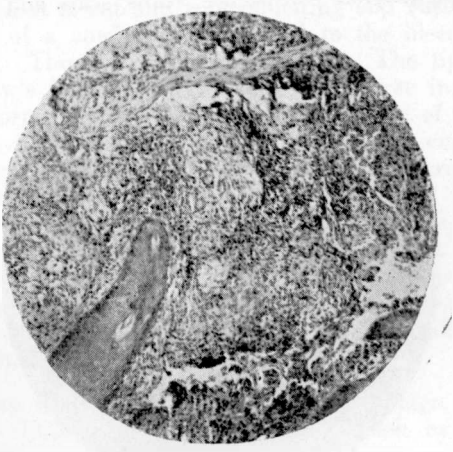

Fig. 1—Low power illustration (X 65), showing an interpapillary process of epidermis, with adjacent follicular lesions in the corium, one with a well developed giant cell.

fields and no cattle, and so her "compound diet" seems to be poor and monotonous.

Her complaint started in 1957, when she noticed little spots on the right side of her nose. These grew very slowly and became brown, soft and nodular and broke down to form small ulcers. Some healed, but fresh nodules arose in the scar. The ulcers were not very painful, but itchy. There was also an irritation in her right nostril.

She had lost some weight, but on the whole did not feel ill. Therefore she saw the doctor only after one year's illness. She was taken to Fatima hospital in March, 1958.

Examination (according to notes in the in-patients' book and from memory).—Unfortunately her chart with blood counts, BSR and urine examinations were not kept, as I was not aware, before reading Dr. Gelfand's article, that lupus vulgaris was such a rare disease in the African.

Sophy N. was a middle-aged woman of middle-brown colour. She was of the asthenic type and her general condition was good. There was no pallor, jaundice or enlarged lymph glands. An X-ray of the chest showed no signs of pulmonary or heart disease. The abdomen was normal on examination, as well as the uterus and its adnexa.

Findings on Admission.—There was a diseased area of about two inches diameter on the right side of her nose, spreading towards her cheek and affecting the right lower lid. The ulcer was pleomorphic, showing fresh nodules of apple-jellylike consistence, scabs, scars and small ulcers. The nodules could be demonstrated by diascopic pressure.

A biopsy was done under local anaesthesia. At the same time the fresh nodules and ulcers were cauterised.

Dr. Tulloch, of Public Health Laboratory, Bulawayo, reported as follows (Lab. Ref. No. 66/21): "The histopathological picture is that of an early lupus vulgaris or possibly a papular tuberculide."

Treatment.—Twenty grams of streptomycin were given, as well as 200 mg. daily of isoniazid calcium and a single dose of vitamin D. Vegetables and milk were added to her diet. Aminox powder (PAS) Hoechst was applied and the ulcers healed slowly. The patient left the hospital after eight weeks, being cured.

The ulcers remained healed when she was examined again on 20th August, 1959. There were small areas of pigmentation and scars in the affected area and the disease was apparently arrested.

SUMMARY

Biopsy and response to tuberculous treatment proved the existence of a *lupus vulgaris facialis* in a 40-year-old African woman.

REFERENCE

GELFAND, M. (1959). *C. Afr. J. Med.*, 5, 387.

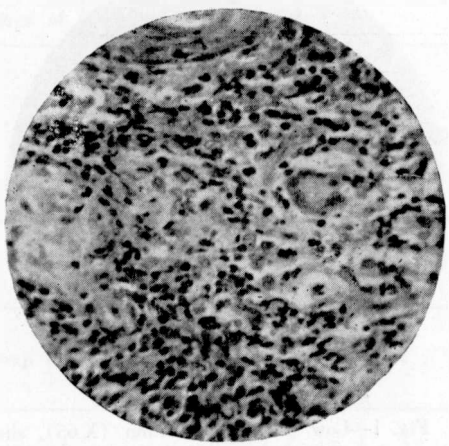

Fig. 2—(high power X 260). The giant cell is clearly seen.