Our case highlights the similarity between erythema nodosum (EN) and erythema induratum (EI) and illustrates the importance of Mantoux testing in investigations of patients with vasculitis, particularly those from tuberculous-endemic areas; as well, it points to the need for biopsy if apparent EN has atypical or prolonged course or is complicated by ulceration, and the resolution of EI with anti-TB treatment alone.

A 16-year-old Indonesian girl with a 2 year history of Sjögren’s syndrome (SSA/SSB-positive) and hepatitis C and taking no medications presented with a 2 week history of painful erythematous nodules over the anterior aspect of her lower limbs (Figure 1A) and forearms. The clinical picture was that of EN. Investigations including a chest radiography were normal, apart from positive Mantoux with 20 mm induration. Biopsy of a nodule showed granulomatous inflammation extending from the dermis into the panniculus, with no evidence of nerve or vessel involvement (Figure 1B). Ziehl-Neelsen stains for Mycobacterium tuberculosis were negative, as was DNA polymerase chain reaction (PCR). A diagnosis of EI was made and the patient commenced anti-TB treatment. Followup several weeks later showed resolution of the skin lesions.

Bazin’s disease (EI) is an under-recognized chronic recurrent condition characterized by painless, deep-seated, subcutaneous induration, which gradually extends to the skin surface, forming bluish-red nodules or plaques, which then often ulcerate. The morphologic, molecular, and clinical data suggest that EI represents a hypersensitivity reaction to tubercle bacillus. As described, it is not unusual to have negative cultures and fail to detect M. tuberculosis by PCR amplification.

REFERENCES