A 20-month-old boy from Sierra Leone had a three-month history of painless cutaneous ulcers above and below the right clavicle (Figure 1) and on the left cheek (Figure 2). The three ulcers had smooth, raised, indurated, violaceous edges with a central, dry, adherent crust and were associated with regional lymphadenopathy. His chest radiograph was unremarkable. A tuberculin skin test showed an induration of 17 mm, and the result of a quantiFERON-TB gold assay (Cellestis GmbH, Darmstadt, Germany) was positive. Histologic analysis of biopsy specimens from shoulder lesions showed caseating granulomas with giant cells (Figure 3) but no acid-fast bacilli were seen by Ziehl-Neelsen staining. A diagnosis of scrofuloderma was made. Treatment was initiated with daily isoniazid, rifampicin, ethambutol, and pyrazinamide.

*Mycobacterium tuberculosis* sensitive to isoniazid and rifampicin was cultured after eight weeks. Further investigations did not show any underlying immunodeficiency, and no antibodies against human immunodeficiency virus type 1 (HIV-1) and HIV-2 were detected. The lesions resolved after an additional seven months of treatment with isoniazid and rifampicin. Cutaneous tuberculosis constitutes <1–2% of all cases of tuberculosis. Diagnosis is made by staining and culturing skin biopsy specimens for mycobacteria and histopathologic examination. Polymerase chain reaction may provide a more rapid diagnosis. The risk of retrobulbar neuritis with ethambutol (at a dose of 15 mg/kg/day) in children less than six years of age is <1%.1 Delaying treatment for tuberculosis until mycobacterial antibiotic sensitivities are known is not recommended in children less than five years of age because of the associated high risk of dissemination.2

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REFERENCES

Figure 1. Cutaneous *Mycobacterium tuberculosis* infection in the patient involving the right supra-clavicular and infra-clavicular regions. This figure appears in color at www.ajtmh.org.

Figure 2. Cutaneous *Mycobacterium tuberculosis* infection in the patient involving the left mandibular area. This figure appears in color at www.ajtmh.org.

Figure 3. Histologic analysis of a shoulder lesion biopsy specimen from the patient. A. Caseating granuloma with palisading epithelioid histiocytes. Part of a hair follicle may be seen on the right of the section (hematoxylin and eosin stain, magnification ×100). B. Multiple typical Langhans type giant cells (hematoxylin and eosin stain, magnification ×400). This figure appears in color at www.ajtmh.org.