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Unilateral Tuberculosis Verrucosa Cutis: A Case Report

Mohammad Ali Alshami[1*], Ahlam Mohammad Alshami[2], Hadeel Mohammad Alshami[1], Reem Mohammad Lutf[1]

[1]Department of Dermatology, Faculty of Medicine and Medical Sciences, Sana'a University, Sana'a, Yemen
[2]Department of Conservative Dentistry, Faculty of Dentistry, Sana'a University, Sana'a, Yemen

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***Corresponding author:** Mohammad Ali Alshami, Department of Dermatology, Faculty of Medicine and Medical Sciences, Sana'a University, Sana'a 1064, Yemen, ORCID: 0000-0003-0038-7866

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1. ABSTRACT

A 70-year-old Yemeni man presented with an 18-month history of asymptomatic hyperkeratotic nodules on his right foot. Physical examination revealed hard, brown nodules and plaques on the dorsum of the right foot. The left foot and rest of his integument were nodule-free. Punch biopsy revealed subcutaneous granulomas with multinucleated giant cells, findings consistent with cutaneous tuberculosis. A tuberculin test was strongly positive, whereas polymerase chain reaction testing of tissue specimens for *Mycobacterium tuberculosis* was negative. Based on the clinical and histopathological findings, the patient was diagnosed with tuberculosis verrucosa cutis. Antitubercular therapy was administered for 6 months, resulting in complete resolution of the lesions.

2. KEYWORDS: cutaneous tuberculosis, tuberculosis verrucosa cutis, unilateral distribution, Yemen

3. INTRODUCTION

Tuberculosis (TB) is an infectious disease caused by *Mycobacterium tuberculosis*, an acid-fast bacillus distributed worldwide. Every organ, including the skin, bones, and brain, can be affected. Notably, the lungs are the most commonly affected organs, resulting in pulmonary TB. Cutaneous tuberculosis (CTB) is the most common form of extrapulmonary TB.[1] CTB may develop endogenously through hematogenous or lymphatic dissemination from a pulmonary focus, often resulting in multifocal disease, or exogenously through direct inoculation, which typically leads to localized lesions.[2] Tuberculosis verrucosa cutis (TBVC) is the most common subtype of CTB, which is caused by exogenous reinoculation in a previously sensitized individual.[3] TBVC typically presents as a single unifocal lesion, although multifocal cases have also been reported. CTB includes lupus vulgaris, scrofuloderma, and TBVC.

4. CASE REPORT

A 70-year-old Yemeni man presented with an 18-month history of asymptomatic hyperkeratotic nodules and plaques on the dorsum of his right foot and reported a history of cutaneous microtrauma. Physical examination revealed hard, brown nodules and plaques confined to the affected site (Figures 1a–d). The left foot and rest of his integument were free of similar lesions (Figure 1a). Common warts were initially considered the primary differential diagnosis; however, the strictly unilateral distribution and hard consistency of the lesions, in addition to the low efficacy of topical keratolytics and mechanical paring, was unusual. Therefore, TBVC was considered and a punch biopsy was performed, which revealed granulomas consisting of multinucleated giant cells, thereby confirming the diagnosis. Biopsy samples tested negative for the M. tuberculosis genome using a cartridge-based nucleic acid amplification test. A strongly positive tuberculin skin test further supported the diagnosis of TBVC. The patient was administered antitubercular therapy for 6 months, resulting in complete resolution of the lesions, with only slight atrophic and hypopigmented scarring. No recurrence was observed during the 2-year follow-up period.



Figure 1a Overview of both feet at presentation.



Figure 1b Closeup of the right foot at presentation.



Figure 1c Closeup 3 days after topical keratolytics.



Figure 1d Closeup 10 days after topical keratolytics.



Figure 1e Closeup. Picture brought by the patient. Taken 1 year back.

5. DISCUSSION

Common warts frequently occur on the feet and typically present as rough-surfaced papules and plaques, often increasing in number and size over time.[4] They are most commonly observed in children and young adults and are generally self-limiting because of cell-mediated immunity. Cutaneous warts are caused by a small group of specific human papillomavirus types with a prevalence of up to 30% in primary school children and notable decline with increasing age.[5] Most warts regress spontaneously within 1–2 years because of protective type-restricted immunity. Paring of the lesions leads to pinpoint bleeding, which was not observed in the present case. The development of common warts in older individuals is uncommon; therefore, a new onset of wart-like lesions should prompt consideration of alternative differential diagnoses. CTB may be acquired through hematogenous or lymphatic dissemination from a pulmonary focus, often resulting in multifocal disease, which is classified as endogenous CTB. Alternatively, CTB may develop through direct inoculation, which typically results in localized disease and is classified as exogenous CTB, as observed in the present case. TBVC typically presents as warty nodules or plaques on exposed areas, particularly the feet, as noted in this patient.

6. CONCLUSION

A diagnosis of TBVC should be considered for patients with late onset verrucous plaques on the feet, particularly in endemic areas, and when the plaques are strictly unilateral.

7. ETHICS APPROVAL AND INFORMED CONSENT

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8. REFERENCES

1. Kumar SS, Kumar S, Kannaujia SK, et al. Myriad presentations of cutaneous tuberculosis: a case series from a rural tertiary hospital. *Indian J Tuberc*. 2026;73(1):148–154.
2. Tobin EH, Warda K, Gropper C, et al. Cutaneous tuberculosis. In: StatPearls. StatPearls Publishing; 2025.

3. Flores JLG, Echegoyen RVC, Maza A, et al. Successful resolution of extensive tuberculosis verrucosa cutis with local antituberculous therapy regime. *JAAD Case Rep*. 2026;72:76–79.
4. Kohli M, Bunker CB, Kravvas G. Human papillomavirus: an update. *Clin Dermatol*. 2026;44(1):54–66.
5. Kirnbauer R, Lenz P. Human papillomaviruses. In: Bolognia JL, Schaffer JV, Cerroni L, eds. Dermatology. 5th ed. Elsevier. 2024.