<u>Uncommon histopathological findings in a seropositive male with papulonecrotic tuberculid</u> - Dr. Aneet Kaur (Poster ID- 3) **Introduction:** Tuberculids are delayed hypersensitivity reactions to *M. Tuberculosis* and its antigens from a tubercular focus Aim & Objective: elsewhere in the body. They are uncommon in patients with HIV. In papulonecrotic tuberculid presence of To present a case with atypical clinical and necrobiotic palisading granuloma with mucin deposition is rarely seen and it is mainly a feature of perforating histopathological features granuloma annulare. Background: 54 year old male, R/O UP, chief complaints of asymptomatic red raised lesions resolving with scarring over trunk and limbs since 2 years with history of incomplete ATT intake for chest TB. Cutaneous examination: Multiple erythematous papules and pustules with varioliform scarring over trunk, lumbs, genitalia. Investigatios: Mantoux 32mm, VCTC+ve, Chest Xray- few nodular opacities RMZ, Sputum AFB -ve, CD4+811 Red raised papules with necrotic Varioliform scars over **Opacities in RMZ** Wedge shaped necrosis, mucin deposition with necrobiotic palisading granulomas genitalia centre

HPE- Wedge shaped necrosis extending from upper to deep dermis along with necrobiotic palisading epitheloid cell granuloma, vasculopathy, neutrophils in dermis. Mucin in the centre of granuloma detected by Alcian Blue.

Differential diagnosis - ? Papulonecrotic tuberculid ? Perforating granuloma annulare{based on HPE findings}.

Patient was also referred to TB centre and ART centre. He was planned to start ATT followed by ART but was lost to follow up.

Conclusion:

Presence of mucin has been previously reported in only one case of PNT. However the presence of widespread necrosis has not been previously reported. This lead to diagnostic dilemma and hence perforating granuloma annulare was kept as a differential. Hence this case demonstrates the rare association of PNT with HIV as well as its unusual cliniucal features.