Answer to medical quiz: images

**Answer 1.** Erythema nodosum.

**Answer 2.** Bilateral hilar and right para-tracheal lymphadenopathy.

**Answer 3.** Tuberculin skin sensitivity test was performed and there is marked induration.

**Answer 4.** Primary tuberculosis.

**REVIEW**

Tuberculosis is an ancient disease and remains as a major public health problem throughout the world.\(^1\) One-third of the global human population is infected by *Mycobacterium tuberculosis*, the causative agent for tuberculosis. Most tuberculosis infections occur in childhood and remain asymptomatic or mild flu-like illness may occur.\(^2\) Pulmonary tuberculosis is the most common form; a primary sub-pleural infective focus (Gohb focus) along with draining lymphatic and regional (hilar) lymphadenopathy constitute Gohn complex, which may heal and calcify. Tubercular lymphadenopathy is common, may be primary or secondary. Erythema nodosum may be a presentation of primary tuberculosis\(^3-5\) and tuberculosis of any form.\(^6,7\) Patients with sarcoidosis may present with erythema nodosum and bilateral hilar lymphadenopathy but positive tuberculin test (23 mm induration after 72 hours, ref >10 mm) excluded sarcoidosis in the index case. Most reported cases of erythema nodosum due to tuberculosis were treated with anti-tuberculosis drugs\(^3-7\) but the case presented here did not receive any medication. Over watchful 4-years of follow-up, she remained in good health. This observation raises a research interest; as most primary tuberculosis cases are asymptomatic, should all erythema nodosum due to tuberculosis merit anti-tuberculosis drug treatment?

**Conflict of interest:** Nothing to declare.

**Author’s contribution:** MAR evaluated and diagnosed the case, did follow-up, literature search and manuscript preparation.

**REFERENCES**


