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**LUPUS VULGARIS**



Lupus vulgaris is an extremely chronic tuberculous affection of the skin and mucous membranes, characterized by the presence of nodules which ulcerate or resolve with the formation of scar tissue. The elementary lesions are soft, brownish, pin-head to pea-sized tubercles which at first do not project above the level of the skin. They are covered by a film of epidermis through which a blunt probe can be inserted easily into the substance of the nodule. Looked at through a glass slide pressed firmly down upon them, the nodules have exactly the color and appearance of apple jelly. They may remain unchanged for months or by growth and coalescence develop into large patches or nodes. Resolution occurs with crusting and final cicatrization. The scars are usually fibrous, puckered and disfiguring, and often contain new tubercles in their substance. Frequently ulcers form at the sites of larger infiltrations. They are shallow with soft and often undermined edges, sluggish, easily bleeding and not painful unless a secondary rapid pyogenic destruction of tissue supervenes. They secrete comparatively little pus, which dries to form crusts. Although any part of the skin may be involved, the disease most frequently attacks the face, especially the nose and cheeks, and the extremities, rarely the scalp or genitals. Usually small areas are affected, but a large part, even one-third of the body surface, may be involved. When lupus encroaches on the border of an orifice, as of the mouth or auditory meatus, its effect may be to distort and narrow the opening. By a similar process when the pinna is involved, the scar tissue resulting from the destruction of the skin and lobule tends to flatten the auricular cartilage tightly against the skull. On the nose the disease may destroy the skin of the alae and septum, together with the enclosed cartilaginous plates, and convert the nostrils into a single oval or triangular opening. Lupus, however, does not attack the bone. From the cheeks the process

may involve consecutively the eyelids, conjunctiva, sclera and cornea. Occasionally cicatricial contraction of the cheek or lower lid causes ectropion. Lupus usually begins before the tenth year and exceptionally after the twentieth; its development, however, extends over years or even decades. **DIAGNOSIS:** In this country lupus is much more rare than the diseases with which it is apt to be confused. An ulcerative *syphilid* usually starts later in life; its course is incomparably more rapid and the destruction often deeper. Necrosis and perforation of bone speak indubitably for syphilis. The edge of a syphilitic ulcer is usually infiltrated and more coppery red, and apple jelly nodules are never found in its neighborhood. Lupus scars are diffuse; syphilitic, circumscribed and soft. *Lupus erythematosus* also starts later in life, and tends to be symmetrical in its distribution. Nodules and ulceration are absent and the disease, even in advanced stages, never destroys cartilage. Its scars are never tough and fibrous. *Epithelioma* is a disease of middle and old age, usually easily distinguished from lupus by the waxy, firm, sharp margins of its ulcers. **TREATMENT:** The general roborant measures and tonics employed in the treatment of all tuberculous affections are equally indicated in lupus. Local treatment is directed toward the destruction of all lupous tissue with as little scarring as possible. The Finsen light treatment gives the best cosmetic results, but it is long and tedious and requires expensive apparatus. In recent years encouraging results have been obtained with the X-rays. A useful method is the excochleation of the nodules combined with prolonged and renewed applications of 10 to 30 per cent. pyrogallic acid salves. After several days the necrotic tissue is removed by hot fomentations, and boric acid ointment used until the irritation has subsided, when the process is repeated. The radical method of totally extirpating small lesions and skin grafting yields very satisfactory results.