



HISTOID LEPROSY IN THE ERA OF ELIMINATION

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ABSTRACT **INTRODUCTION:** The emergence of the entity following dapson monotherapy is well recognized, in addition to de novo cases. Irregular and inadequate therapies, coupled with resistance to dapson and/or mutant organisms, are responsible. Here in, we present 3 cases of Histoid Leprosy because of its rarity.

CASE SERIES: We encountered 3 Cases of Histoid Hansens in a span of 2 Months.

CASE 1: A 70 Yr old male presented with Erythema nodosum leprosum reaction after intiation of MB – MDT with history of dapson monotherapy previously.

CASE 2: A 52 Yr old male which is a de novo case of histoid presented with smooth, shiny hemi-spherical, dome shaped, non-tender, soft to firm nodules which are molluscum contagiosum like distributed over trunk, back & extremities.

CASE 3: A 40Yr old male presented with innumerable smooth, shiny, dome shaped nodules with ulceration of lesions which is also a de novo case.

Slit skin smear was positive & Histopathology confirmed the diagnosis

CONCLUSION: We are reporting this case series because of its rarity, unusual presentation with ENL reaction & emergence in post global eradication era.

KEYWORDS : Multidrug Therapy, Elimination.

INTRODUCTION

Histoid leprosy is a variant of Lepromatous leprosy believed to occur due to a mutant strain of leprosy bacillus. It was first described by Wade in 1960 in patients from Philippines. The emergence of this entity following dapson monotherapy is well recognized, in addition to de novo cases. Irregular and inadequate therapies, coupled with resistance to dapson and/or mutant organisms, are responsible. Here in, I am presenting 3 cases of Histoid Leprosy because of its rarity.

CASE SERIES

CASE 1: A 70 Year old male presented with Erythema nodosum leprosum (ENL) reaction after 3 months of initiation of multibacillary multi drug therapy (MB – MDT), who was on irregular treatment. Cutaneous examination showed bilaterally symmetrical, multiple, discretely arranged, non-tender, ulcerative patches & plaques distributed over face, ear lobes, trunk, abdomen, genitalia, upper & lower extremities of smallest one being 1mm x 2mm to largest being 5cms x 6cms, few lesions are inverted saucer shaped & few are dry ichthyotic, indurated plaques. All routine investigations were normal, slit skin smear was positive for Acid Fast Bacilli (AFB) shown uniform staining of long rods with tapering ends. Histopathological examination of skin biopsy showed large number of acid fast bacilli with spindle shaped histiocytes with vasculitic changes. Patient was given systemic corticosteroids along with MB-MDT, who showed clinical response to treatment.



Figure no 1: Case 1

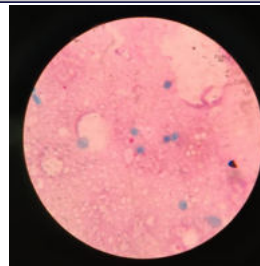


Figure no 2: Slit skin smear Case 1

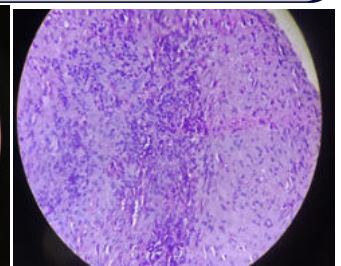


Figure no 3: Histopathology Case 1

CASE 2- A 52 Year old male presented with asymptomatic skin coloured raised lesions over the body of 3 months duration, along with tingling sensation over hands and feet. There was no history of similar complaints in the past (or) other members of the family. On examination, multiple skin coloured papules and well demarcated nodules of varying sizes and shape distributed symmetrically over neck, trunk, back & extremities. They are smooth, shiny hemispherical, dome shaped, non-tender, soft to firm nodules which are molluscum contagiosum like. Sensations over the lesions was not impaired. However, perception of touch, temperature and pain over bilateral forearms, hands, legs and feet was impaired. Ear lobes showed nodular infiltration. Slit skin smear was positive for AFB & on histopathology, foamy macrophages and spindle shaped cells (histiocytes) were noted. Patient was diagnosed as de novo case of histoid leprosy and started on MB- MDT.

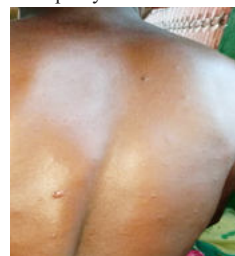


Figure no 4: Case 2

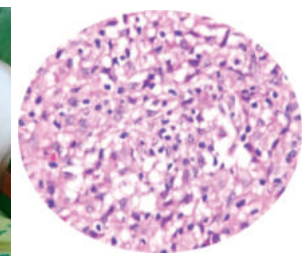
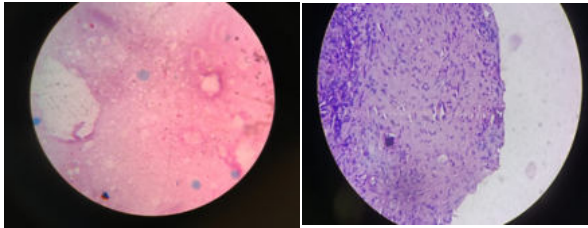


Figure no 5: Histopathology Case 2

CASE 3: A 40Yr old male presented with asymptomatic innumerable skin coloured to erythematous nodules with ulcerations of 5 months duration without any sensory or motor impairment. There was no history of similar complaints in the past (or) other members of the family. On examination, there were innumerable erythematous smooth, shiny, dome shaped nodules with ulcerations & crustations over lesions which are distributed over face, trunk, abdomen, thighs & upper extremities. Ear lobes showed nodular infiltration. Slit skin smear was positive for AFB, on histopathology, foamy macrophages and spindle shaped cells (histiocytes) with vasculitis features were noted. Patient was diagnosed as de novo case of histoid leprosy and started on MB- MDT.



Figure no 6: Case no 3



**Figure no 7: Slit skin smear
Case 3**

**Figure no 8: Histopathology
Case 3**

CONCLUSION

I am reporting this case series because of its rarity, unusual presentation with ENL reaction & emergence in post global eradication era. It is important to have a high index of suspicion while approaching cases such as these and advocating the importance of adequate and appropriate medications to pave the path toward the eradication of leprosy in India.

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