



ORIGINAL RESEARCH PAPER

Dermatology

THE VINTAGE DISEASE IS STILL ALIVE

KEY WORDS:

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INTRODUCTION

Hansen's disease, also known as Leprosy, is a chronic infectious disease caused by Mycobacterium leprae. It mainly affect the skin, peripheral nerves, eyes and mucosal surface of the upper respiratory tract. Leprosy can affect people of all ages. Leprosy, has been classified as a neglected tropical disease (NTD) by the World Health Organization (WHO) (1). Leprosy is a disease of developing countries and is rarely reported in developed countries(2). Although the number of Hansen's disease cases have decreased in India but still is prevalent in some states of the country. A high degree of clinical knowledge about the disease and the availability of laboratory tests are required to make correct diagnosis in this age-old disease of public health importance. Here we are reporting a case of Hansen's disease which on observation looked like Histoid leprosy. His Bacterial index on slit skin smear was 6 plus and on biopsy the features were of mid borderline leprosy.

Case Report

A 40 year old male came with complain of tingling and numbness since 7 months . Multiple Reddish brown coloured raised lesion over abdomen , chest , bilateral forearms , arms and back present since 7 to 8 months.

On examination: Multiple copper coloured plaques of approximately 1x2cm to 2x3 cm in size present over abdomen , chest , and back. Multiple nodules of 1x1 cm to 1x2 cm along with multiple plaques of 1x2cm to 2x3 cm present over bilateral forearms and arms. Thickening of bilateral ulnar nerve was present. No neuritis was present and no deformity was observed.

Slit skin smear was done and the bacterial index was 6+ . A punch biopsy was also performed and the biopsy report was given as: A punch biopsy of skin with normal epidermis .Papillary dermis shows masses of foamy macrophages with very few lymphocytes. Aggregates of foam cells are also seen in relation to blood vessels and adnexal structures .Occasional granulomas seen in mid dermis. Hence the diagnosis was made as mid borderline leprosy . Patient was prescribed Tablet Rifampicin 600mg once a month empty stomach, Tablet Dapsone 100 mg once daily x 30 days , Tablet clofazamine 50 mg once daily x 30 days. Patient will be followed up every month . Patient was counselled about the treatment and was told that he would have to take treatment for 12 months.



Figure 1: Multiple Copper Coloured Plaques Chest And Abdomen



Figure 2: Multiple Copper Coloured Plaques Present Over Back



Figure 3: Multiples Plaques And Nodules Present Over Left Forearm & Arms



Figure 4: Multiple Plaques And Nodules Present Over Right Forearms & Arms

DISCUSSION

Borderline leprosy is characterized by “punch out” or “swiss cheese” appearance with a clear inner border and unclear outer edge(3). Borderline lepromatous leprosy may present as erythematous macules, papules, plaques, or nodules with the characteristic that lead to clinical diagnosis of Borderline lepromatous leprosy(4). Histoid leprosy is characterized by subcutaneous nodules and papules, which are painless, firm, discrete, smooth, globular, skin-colored to yellowish-brown, with apparently normal skin surrounding it. The lesions are usually located on the posterior and lateral aspects of the arms, buttocks, thighs, dorsum of the hands, lower part of the back, and over the bony prominences, especially over elbows and knees(5). Hansen disease is an old disease and it is not very frequently seen these days .This case is a very different case since on observation it seem to be Histoid leprosy but on histopathology we found it to be Mid borderline leprosy.

CONCLUSION

Hansen disease or leprosy is still existing in various parts of the world . Proper history , proper clinical observation and histopathological examination is must for definite diagnosis

of the disease.

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