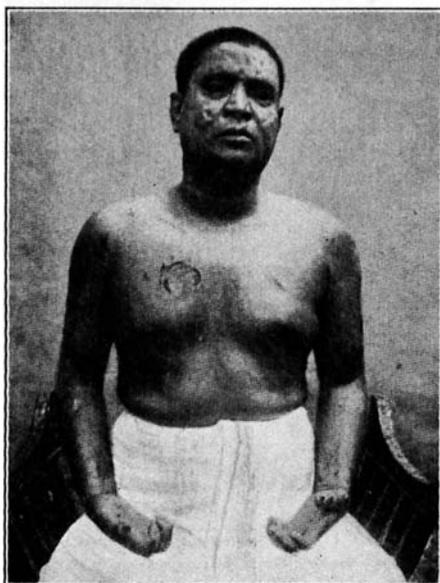


## \*Extensive Ulceration of the Skin in Leprosy

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During a recent visit to Malaya one of us (J.L.) was shown a number of cases of leprosy in Chinese patients, in which a very striking feature was the occurrence of ulceration of large areas of skin. Pathological investigation was impossible but it seemed probable that the condition was an



CASE 1.

extremely severe ulcerating form of tuberculoid (neuro-macular) leprosy. He had never seen such cases in India although he had seen and described minor degrees of ulceration in such lesions (1).

Shortly after his return to India a patient came to the School of Tropical Medicine showing a severe but very chronic form of nerve leprosy with extensive and marked anæsthesia, paralysis and deformities, but also showing marked scarring following ulceration of extensive areas of skin in various parts of the body. It seemed likely that this was an example of the condition seen earlier in the year in Malaya.

On discussion, the other of us (S.N.C.) stated that he had years ago seen a case somewhat similar and he was able to find case notes and photographs. These two cases form the

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subject of the present note. The histories and clinical findings are as follows:—

CASE 1.

Male ... .. Age unknown.

*History—*

Fifteen years previous to examination a small anæsthetic patch appeared on the skin at the back of the right knee. Tincture of iodine was applied. Later the patch increased and became thick and red. A doctor examined and reported finding lepra bacilli in the patch. 'Nastin' treatment was given, and the skin of the patch ulcerated and other ulcers appeared on the same leg. Bacteriological examination then showed no lepra bacilli. The ulcers healed leaving scars.

Three years later new patches appeared on the back followed by thickening and ulceration, healing and scarring. For the next 12 years there were repeated outbreaks of a similar nature with the appearance and ulceration of new patches and also ulceration of the margin of old scars. During the same period there developed extensive anæsthesia, deformities and paralysis.

*Condition on Examination—(See photograph).*

There is extensive anæsthesia covering most of the body, paralyses and deformities of the face and all the four limbs, and the body is covered by large scars at the site of the old ulcerating patches.

CASE 2.

Male ... .. Age 26.

*History—*

Twenty years ago when he was six years of age a patch appeared on the abdomen. The patch was hypo-pigmented. About a month later erythematous anæsthetic patches appeared on face, body and extremities. The patches spontaneously ulcerated and then gradually healed. No local application was used. For several years the disease was not active but after this there was a long period of activity of the disease which showed itself by the appearance of new red patches which ulcerated and healed leaving scars, and by the appearance of redness, thickening and ulceration at the margin of old scars. During this time the patient was receiving 'Nastin' treatment and he associated the reaction and ulceration of the lesion with this treatment. During the same period there developed anæsthesia, paralyses and deformities in the limbs and for the last 15 years he has had trophic ulcers of the foot.

*Present condition—*

Patient shows anæsthesia covering nearly all the body, facial paralysis, claw hands, drop foot, trophic ulcers of the sole and some thickening of the peripheral nerves. All over the body there are scars varying in size, some of them being several inches in diameter; other scars are narrow but are oval or circular in form and obviously indicate ulceration at the margin of large patches.

These two cases show exactly the same features; the appearance from time to time during several years, of patches which were thick and red and later ulcerated and slowly healed, leaving extensive scarring; the subsequent

development of extensive anæsthesia, deformities and trophic lesions. The clinical features and subsequent development of the disease indicate that the ulcerative condition of the skin was associated with the 'neural' type of the case, and this is borne out by the fact that bacilli were not reported as being found in the lesions except on one occasion.

Unfortunately both these cases were seen long after the ulcers had healed, and biopsy material was not examined. There seems to be no doubt however that these two cases were similar in many respects to cases which have been described in other parts of the world as 'Lazarine leprosy.' In *Leprosy in India* (2) there appeared an article by Dr. J. Rodriguez on 'Lazarine leprosy,' in which he summarised the literature of the subject as follows :

'Lazarine leprosy' is a peculiar form of the disease which used to receive much more attention in the past, particularly from European authors, than at present. According to Jeanselme, it is common in America, particularly in Mexico.

The distinguishing features of this variety of leprosy are the following :—

1. A rapid, sometimes sudden, development often in the early stages of the disease. In some cases, there may be 'no lepromas or macular lesions or any other dystrophic manifestations of leprosy'.
2. Formation of blisters and blebs. These usually start from an erythematous patch, a solitary nodule, or on a pachydermic edema of an extremity. Sometimes, they may appear on normal-looking skin.
3. Rupture of the bullæ producing rapidly growing ulcers or areas of skin necrosis, which may 'disorganise cutaneous tissues, muscles, tendons and bones, opening up joints, and ending in tremendous deformities.'
4. Presence of *M. lepræ* in the fluid of the bullæ and particularly in the secretion from the ulcers, usually in large numbers.
5. Histologically, the picture is typically 'tuberculoid' but in contrast with the usual scantiness of the organisms in 'tuberculoid leprosy' numerous *M. lepræ* are found in the tissues.

This variety is considered by many authors as synonymous with bullous leprosy and according to Caballero, the condition reported by Guiteras as *chappa* or *acropatia mutilante* is none other than lazarine leprosy. Good descriptions of the disease are to be found in the books of Zambaco Pacha and Jeanselme. Nicolas Gate and Ravault reported one case at the Third Leprosy Conference at Strasbourg. The most recent and one of the best articles on the subject is that of Pardø-Castello from which I have drawn liberally. This article based on 23 Cuban cases, is accompanied by excellent photographs of the condition.'

The chief difference between lazarine leprosy as described

in the literature and the two cases recorded here appears to be a difference of degree and not of kind. In our cases the ulceration was not so deep or as extensive as is sometimes found, nor were bacilli found in the discharge from the ulcers except on one occasion.

It is interesting to find that in typical lazarine leprosy bacilli are often found in considerable numbers, but at the same time the histological appearances of the tissues is typically of 'tuberculoid' type in which bacilli are usually few. In a previous article we have described 'tuberculoid' lesions with a fair number of bacilli and minor degrees of ulceration.

We suggest that these cases previously described by us, the present two cases, the lazarine leprosy of America, and the cases seen in Malaya are merely different degrees of the same pathological process.

It would be interesting to know if other workers have seen cases of a similar type, for up to the present such cases have not been recorded in India.

#### REFERENCES.

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- (2) Rodriguez, J.—"Lazarine Leprosy." *Leprosy in India*, Vol. VII, No. 4, p. 152, 1935.