

# MASKED LEPROMATOUS LEPROSY

## A CLINICAL NOTE

T. F. DAVEY

Although the grosser forms of lepromatous leprosy may be readily diagnosed by the clinician even without recourse to the microscope, a variety of forms are seen in Nigeria in which the

typical thickening of the ears and skin of the face and body is almost imperceptible, and such cases may prove a pitfall to the unwary unless their existence is borne in mind and a bacteriological examination undertaken. The following case illustrates some features common in this type of patient.

#### CASE REPORT

The patient, a male of approximately 30 years, appeared at the Uzuakoli Settlement on 28th August 1941 demanding a medical examination because someone had accused him of being a leper. He stated that there were no symptoms of which he complained.

#### *Previous Medical History.*

The patient suffered from smallpox several years ago. In December, 1940, he suffered from a sudden attack of fever and headache, accompanied by general pains and "Swelling of the entire body." This lasted for three weeks and then subsided.

#### *Examination.*

The patient, a well nourished male of about 30 years of age, presented at first glance no visible signs of lepromatous leprosy. His ears were normal, and his face, though pitted with smallpox scars, showed no abnormal thickening. Hair was normal in amount and distribution. The patient was a pale skinned individual, but this in itself would excite no undue notice as the Ibo people of Nigeria exhibit all shades of colouring between pale olive and the black colour usually associated with the negro. An extensive growth of *Tinea Flava* was distributed over the neck, chest and upper part of the back of the patient. The skin of his body was slightly thicker than normal, though this was more obvious on palpation than on mere observation. Furthermore, to the palpating finger the skin was not of uniform texture but had an almost lumpy feel. The mere fact of a thick skin is by no means pathognomonic of leprosy, for considerable variation in skin texture is seen among relatively healthy people in Nigeria, where filariasis, crawcraw and helminth infections are exceedingly common. The skin of the patient in question was by no means thicker than that often seen in healthy people.

On completely stripping the patient, it was noticed that over the groins and genitals the skin was several shades darker in colour than elsewhere, and this triangular area which extended across the abdomen between the Anterior Superior Iliac spines, and included the upper few inches of the thighs, stood out distinctly from the pallor of the rest of his body. Near the lower edge of this

darker area there were many obvious but ill-defined pale macules, approximately  $\frac{1}{2}$  inch in diameter, which were coalescing with one another and fusing with the continuously pale area which extended from the feet to the upper part of the thighs. Some of the macules were still quite discrete. Within the triangle of darker skin, the texture of the skin was quite normal, and this area was in fact a solitary island of normal skin in a body literally covered with lepromatous macules of the pale variety which had already fused with one another everywhere except in the triangle in question. The universal coalescence of these macules gave his body the appearance of that of a pale skinned person, and but for the tell-tale island of normal skin he would have been indeed considered as one of the paler skinned members of his tribe.

The hands of the patient were normal, there were no signs of nerve enlargement, but there was well marked anaesthesia to light touch over the feet and lower part of the calves, but nowhere else. The bacteriological examination of skin, nose, and ears for acid-fast bacilli proved strongly positive.

#### COMMENTS

It is a curious fact that an area of normal skin, identical in situation with that seen in the case described, is a common finding in people whose bodies are elsewhere literally covered with lepromatous macules.

The importance of this type of case from the standpoint of public health is considerable. A person such as that described could readily pass undetected among a population in which there is diversity of skin colouring and texture, and with his skin teeming with lepra bacilli he could vitiate any attempt at leprosy control. In a leprosy survey, the detection of such cases is a matter of great importance, but should be a simple matter provided three elementary maxims are obeyed. (1) Never omit the bacteriological examination. (2) Always insist on patients being completely stripped for examination, and (3) Never omit, even in lepromatous cases, routine tests for nerve involvement. No matter how we classify lepromatous as distinct from neural leprosy, the fact remains that in Nigeria at any rate, the vast majority of lepromatous cases also exhibit clear signs of nerve involvement.