# A CASE OF FILARIAL ELEPHANTIASIS OF THE FACE RESEMBLING NODULAR LEPROSY

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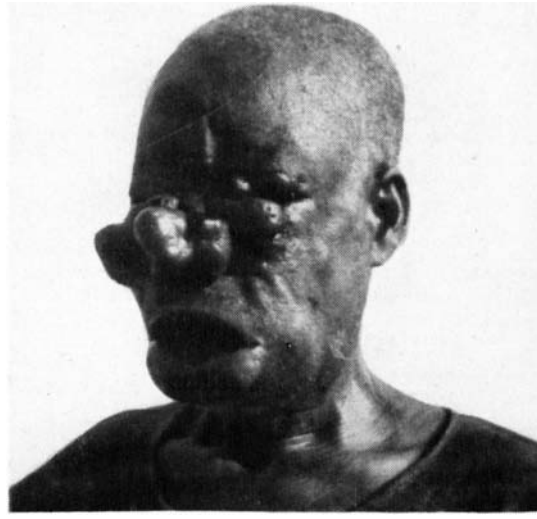
The following case of filarial elephantiasis of the face is presented as a rare and interesting differential diagnosis of nodular leprosy.



## HISTORY.

The patient was an elderly male African who complained of swelling of the face and headache. The first sign of the disease occurred fifteen years ago when he had a cut on the leg which caused a tender hot swelling. This subsided in a few weeks and was immediately followed by epistaxis and irritation of the nose. Gradually over the years the nose and entire face swelled to ugly and gross proportions. The family history suggested the possibility of leprosy as the patient has two sons who have leprosy, both of them contracting the disease prior to the father's present ailment.

## EXAMINATION.

At first sight the patient resembled a grotesque character from a Christmas Pantomime. The nose and infra-orbital tissue had grown into bulbous masses one of which measured two inches in diameter. The sebaceous openings were patently prominent and exuded white cheesy material when the nodules were squeezed.

The nasal passages were entirely blocked and the vision was so obstructed that the patient could only see objects placed on a level with his eyes. His lips were enormously thickened and the lower one was averted. The rest of the face was thickly infiltrated and had a peau d'orange surface. The cheeks on palpation with one finger in the mouth felt like tough leather. The most significant but at first sight least remarkable feature was the normal texture of the ears and the skin of the rest of the body. There were no macules or infiltrations; no anæsthesia, no enlarged nerves. The only other hint of leprosy was a missing toe which proved to be due to old chigger disease. The rest of the body was in fact quite normal.

## LABORATORY FINDINGS.

Repeated smears from the nodules and nasal mucosa showed no Ziehl Neesen strain, many streptococci and a single blue-stained micro-filaria. No acid fast organisms were seen.

The micro-filaria suggested the true diagnosis of Bancrofti Filariasis which was confirmed by wet blood smears taken directly from the nodules, in which the actively motile worms were seen.

## TREATMENT.

The patient was referred to a general hospital for excision of the nodules, plastic repair, and banocide.