

Two Unusual Cases of Nerve Abscess

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Nerve abscess is a relatively rare complication of leprosy as has been reported by BROWNE (1957). The following two patients are of particular interest.

CASE I

A small boy aged 9 years referred by the doctor in charge of a local Mission hospital. The child had been under treatment with dapsone for a little under one year, having had a few mild tuberculoid patches. These had recently become much more obvious and a painful swelling over the right ulnar nerve had appeared, associated with clawing of the 4th and 5th fingers of the right hand.

On Examination: The clinical appearance of the skin lesions was of major tuberculoid leprosy in reaction. Smears were negative for *M. leprae*. There was a grossly enlarged cutaneous branch of the ulnar nerve on the dorsum of the right hand and a fusiform swelling, tender and hard with a fluctuant centre, of the main nerve trunk just above the epicondyle. Proximal and distal to this swelling the nerve was slightly thickened.

Treatment: It was considered that in a child of this age any major surgical intervention would be likely to do more damage to the nerve than had already been sustained. Accordingly, we merely incised the abscess (which contained fluid with the appearance and consistency of curds and whey) and inserted a small eusol wick.

It was decided that, in view of the history of recent reaction under dapsone therapy, this drug was contraindicated and that combined chemotherapy would be more effective than the use of any one drug. The combination selected was thiambutosine plus streptohydrazide. A short course of Prednisolone was also given. Simple daily massage of the right hand was prescribed to maintain mobility of the clawed fingers.

After three months, the streptohydrazide was replaced by Solapsone, 50 per cent aqueous solution given by injection in doses up to 1 c.c. There had at this time been marked reduction in the size and degree of tenderness of the right ulnar nerve, some resolution of the major tuberculoid lesions but no change in the claw hand.

After seven months treatment some return of movement was noted in the clawed fingers. There was still a firm fusiform swelling of the ulnar nerve just above the epicondyle but both proximal and distal to this swelling the nerve felt normal. Thiambutosine was withdrawn and treatment maintained with Solapsone 50 per cent 1 c.c. twice weekly.

After 16 months treatment, further examination showed complete recovery of the claw hand.

DISCUSSION

The recovery of function in this case after so long an interval must have been due to regeneration of nerve fibres previously destroyed by the abscess formation. It is considered that this regeneration was facilitated by limiting surgical intervention to *simple incision along the line of the nerve fibres*.

CASE II

A young adult of about 22 years who reported to a Government hospital with a patch on the dorsum of the left hand and index finger and a cord-like thickening of the cutaneous branch of the radial nerve along the dorsum of the left hand and at the left wrist. A biopsy showed small yellowish protuberances on the nerve which were, in fact, small abscesses, and a tuberculoid histology.

This patient responded very well to combined therapy with thiambutosine and 50 per cent Solapson by injection. There was slight residual wasting of the thenar eminence and anaesthesia to contain wool touch of the thumb and index finger of the left hand.

SUMMARY

Two cases of nerve abscess are reported. In one there was complete recovery of the claw hand associated with the abscess of the ulnar nerve trunk; the other involved a cutaneous nerve only.

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Reference

BROWNE, S. G. (1957). *Leprosy Review*, **28**, 20.