A Patient with Semi-membranous Cyst in Leprosy Simulating Nerve Abscess

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Case Notes

Dhanonjoy – a Hindu male of 23 was admitted into this colony in September 1963, as a L3 case with high bacillary index.

He was anaemic on admission but was built up and made fit for anti-leprosy treatment. Treatment was given continuously and the treatment could be worked up to 150 mgs per week with short stop for two or three times for lepra reaction of minor degree. In January 1965, he started developing ENL – one crop after another came out and the specific treatment could hardly be given.

On 8th March 1965 he showed me one large and two small swellings on and above the middle of the popliteal fossa.

Clinically it appeared to be a nerve abscess and much interest was taken as nerve abscess in lepromatous cases are not common.

On 10th April 1965 the small swellings disappeared, but the large one became larger.

Operation was decided upon with the following findings:

On incision and light dissection a tense cystic swelling bulged out in the upper part of the popliteal fossa and at the medial side of the mid line. It was easily detachable, but the upper portion became narrower to a pedicle and passed under the medial head of the gastrocnemius. It had no connection with any nerve. A tie was given round the pedicle and the cyst was removed. The case healed up uneventfully.

Discussion:

It will not be out of place to recall the history and old discussions of the nerve abscess.

Muir – in 1924 – described two enlargements in the median nerve, one of them contained 10 c.c. of yellowish pus. He remarked that extreme swelling of the nerve often happens when
no other sign of the disease can be found. Pus contained no micro-organism.²

Lowe – in 1929 – reported about 2 per cent nerve abscess cases (100 in 5,000), and that these abscesses, Lowe associated with high resistance and the milder forms of the disease and often with lepra reaction. In many there were evidences of skin leprosy, nerve lesions predominating. The content was white or slightly yellowish, a semi solid cheesy substance, this containing lepra cells with lymphocytes, leucocytes.

Lowe also in earlier papers stated that the nerve abscesses occur only in case of the pure nerve type or of mixed type with neural signs predominating.²

Lowe – afterwards he prepared notes in response to an enquiry regarding certain cases of nerve abscesses wrote that this condition is seen almost exclusively in pure nerve type cases.²

Cochrane – is also of opinion that an abscess of the nerve should be determined by the type. In obvious tuberculoid leprosy or the low resistant variety, or occasionally in the dimorphous group in which the tuberculoid element is in marked ascendency, swellings and pain of nerves should be investigated for nerve abscess.³

Browne – recently recorded three cases all of whom were suffering from major tuberculoid leprosy.

Incidence of nerve abscess – country wise

Wade – is of the opinion that abscess of the nerve is a particularly interesting feature of leprosy in India.

Browne – reported only three cases of nerve abscess out of his 8,000 patients in Eastern Nigeria. In 1957 he reported two instances in some ten thousand leprosy patients seen in the Belgian Congo.⁴

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CONCLUSION

The case under review was clinically diagnosed as a nerve abscess. The operative findings proved it to be a case of semi-membranous cyst. This confirms the view that nerve abscesses occur in resistant type of leprosy cases only.

REFERENCES