

LEPROSY FOLLOWING MECHANICAL TRAUMA

REPLY TO: 'TUBERCULOID LEPROSY AT THE SITE OF A DOG BITE'

Sir,

The letter by Garg¹ was enlightening but somewhat unspecific with regard to the cardinal clinical, bacteriological, histopathological and immunological features which are so important to the diagnosis of leprosy.

Furthermore it should be recognized that several well documented and illustrated reports have found a place in literature, since the first description by Lowe & Chatterjee,² the details of which are included in Table 1.

It is apparent that tuberculoid/indeterminate leprosy may result from mechanical injury

Table 1

S. No.	Author(s)	Age & Sex	Mode of injury	Site	Incubation period	Diagnosis			
						Clinical	Bacteriological	Histopathological	Lepromin test
1	Lowe & Chatterjee ²	26 M	Tattooing	Lower leg	6 months	T	—	T	—
		27 M		Thigh	5 years				
2	Porrit & Oslén ³	25 M	Tattooing	Forearm	2½ years	MA	Scanty	T	—
		26 M		Thigh					
3	Sehgal <i>et al.</i> ⁴	25 F	Smallpox vaccination	Lt upper arm	6 months	T	Negative	T	++++
4	Sehgal ⁵	25 F	Tattooing	Both forearms	7 years	T	Negative	T	++++
5	Mittal <i>et al.</i> ⁶	30 M	Abrasion	Lt medial malleolus	6 months	T	Negative	T	—
6	Kapoor & Bhale Rao ⁷	19 M	Abrasion	Lt thumb	15 days	T	Negative	T	—
7	Gupta <i>et al.</i> ⁸	21 M	Dog bite	Lt forearm	2 years	I	Negative	I	++
8	Garg ¹	45 M	Dog bite	Rt forearm	3½ years	T	Negative	T	—

MA: Maculo-anaesthetic; T: Tuberculoid; I: Indeterminate.

comprising trauma, inoculation, vaccination, and tattooing in predominantly young males. The time lapsing between injury and the manifest clinical entity is variable and ranges from 15 days to as long as 7 years. The exposed areas are more susceptible to such injury.

The characteristic—saucer, the right way up—morphology was seen only in a case by Sehgal *et al.*,⁴ whereas its variants were seen by others.^{1-3, 5-8} The latter were apparent in the form of hypopigmented, mildly scaly erythematous, macules conforming to the scar mark(s). Impairment/loss of sensation was, however, a common feature. Thickening and/or tenderness of the nerves was determined only by Sehgal *et al.*⁴ and Sehgal.⁵

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References

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- ³ Porrit RJ, Oslen RE. Two simultaneous cases of leprosy developing after tattoos. *Am J Path*, 1947; **23**: 805–7.
- ⁴ Sehgal VN, Rege VL, Vediraj SN. Inoculation leprosy subsequent to small pox vaccination. *Dermatologica*, 1970; **141**: 393–96.
- ⁵ Sehgal VN. Inoculation leprosy appearing after seven years of tattooing. *Dermatologica*, 1971; **142**: 58–61.
- ⁶ Mittal RR, Handa F, Sharma SC. Inoculation leprosy subsequent to roadside injury. *Ind J Dermatol, Venereol Leprol*, 1976; **42**: 175–7.
- ⁷ Kapoor TR, Bhale Rao SM. Post trauma tuberculoid leprosy. *Lepr Ind*, 1976; **51**: 112–14.
- ⁸ Gupta CM, Tutakne MA, Tiwari VD, Chakrabarty N. Inoculation leprosy subsequent to dog bite. *Ind J Lepr*, 1984; **56**: 919–20.