

## LEPROMA OF THE METAPHYSIS

Sir,

A 20-year-old Ethiopian with slit-skin smears positive for acid-fast bacilli presented with a clinical diagnosis of polar lepromatous leprosy and an acute, hard swelling of the right elbow region.

The radiogram was interpreted as an osteoclastoma. A drill biopsy was taken to confirm this but unexpectedly the tumour was found to be a lepromatous granuloma, containing many acid-fast bacilli, both intact and broken and also many globi. Under continued treatment for leprosy the tumour regressed as did the skin manifestations.

Lepromata of cancellous bone are well-known, particularly of the fingers in relation to the proximal interpalangeal joints. So far only one report of leproma of cortical bone has appeared<sup>1</sup> and it is of interest that in both cases the identical misdiagnosis was made initially.

Leproma of bone should be suspected whenever a cystic lesion is found in a bacilliferous patient. Since the leproma can be expected to regress under medical treatment, no specific treatment is indicated, except support of the region to avoid collapse of the bone, until satisfactory healing has taken place.

J G ANDERSEN

*Braineparken 85,  
6100 Haderslev  
Denmark*

### Reference

<sup>1</sup> Andersen JG, Warndorff J. An unusual location of leproma in bone. *Int J Lepr*, 1983; **51**: 203-4.