

NONSEPTIC TARSAL DISINTEGRATION IN LEPROSY

Sir,

Bone changes in leprosy have been described as the result of direct invasion of the skeletal structures with lepromatous granulomata, or secondary infection, or as absorption related to loss of sensation. Characteristically the major joints remain intact and this is ascribed to the preservation of proprioceptors in leprosy, even in the total absence of other forms of sensation. This is completely different from syphilis, where the proprioceptors are usually lost (e.g. tabes dorsalis), and the major joints typically are affected.

This letter describes two patients with documented borderline lepromatous leprosy who also had marked loss of sensation, including joint sense.

Patient 1. A 50-year-old male patient with well treated, though still skin-smear positive, borderline lepromatous leprosy presented for treatment of a severely swollen foot. No evidence of diabetes, syphilis or rheumatoid disease was found.

Radiologically the foot was completely disorganized with total disruption of the ankle joint and the midtarsal joints with erosion of the adjacent joint surfaces. There was lysis of the navicular and cuneiform bones and the cuneiform bone with some new bone formation of a hazy nature. There was concentric absorption of some of the metatarsal bones and of two of the remaining phalanges. Aspiration of the copious fluid produced no growth on culture and this was later confirmed during surgery.

The extremity was completely anaesthetic almost to the knee, with loss of vibration and joint position sense. No evidence of past or present plantar ulceration was seen.

Patient 2. A 40-year-old female patient with well treated, though still skin-smear positive, borderline lepromatous leprosy presented with a chronically swollen foot. No evidence of diabetes, syphilis or rheumatoid disease was found.

Radiologically the talo-navicular, talo-calcaneal and calcaneo-cuboid joints were disrupted and there was new bone formation of hazy character.

The extremity was completely anaesthetic up to midcalf, with loss of vibration and joint sense. No evidence of past or present plantar ulceration was found.

Both patients had faithfully worn correctly designed shoes, which had obviously protected the feet against ulceration, but failed to compensate for loss of deep and proprioceptive sensation. Both parties required major, ablative surgery. I would be interested to hear of other cases and to know if sensory neurological testing has a predictive value in such cases?

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