

ANXIETY-INDUCED ULNAR PARALYSIS—A CASE REPORT

Sir,

A young girl aged 16 years reported to one of our subclinic centres with a hypopigmented anaesthetic well-defined patch on the left thigh. She was put on paucibacillary multidrug therapy on 22 August 1987 (RMP and DDS). The drugs were given on 19 September 1987 and on 9 October 1987, she reported to the subcentre with flexion of left ring and little fingers.

On examination by a therapist, flexion of left ring and little fingers was confirmed and weakness of hypothenar muscles, interossei and lumbricals to ring and little fingers were also found. The left ulnar nerve was neither thickened nor tender. No other trunk or cutaneous nerves were thickened or tender. She had loss of sensation over the ulnar supply of the hand and also slight overlapping on the median and radial nerve supplied areas. The diagnosis of silent paralysis was made and she was put on anti-inflammatory treatment and physiotherapy treatment was started. On 17 October 1987 no flexion of fingers was seen, but lumbrical weakness was noted and on 26 October 1987 weakness of muscles was absent. On 20 November 1987 she was readmitted to hospital for recurrence of flexion of left ring and little fingers. On 25 November 1987 while trying to stretch the ring finger, the patient resisted. The therapist could not understand the unfamiliar stretch-resistant action of the patient as the flexion was of recent origin with no inflammatory change in the joints of the finger. The physiotherapist questioned the patient extensively the next day, as doubt had risen in his mind about the behaviour of the patient. On 26 November 1987 the patient revealed that during her mat-weaving training, she used to work with women leprosy patients who had clawing of the ring and little fingers. She believed that she too would have the same clawing fingers, since she had been diagnosed and was being treated for leprosy.

The nature of the disease was explained to the patient and also the fact that deformities are rare in leprosy. Since she was made to realize that her hand was normal, she has been able to fully stretch her hand-muscle and sensory status has been reassessed and found to be normal. She finished her MDT therapy and lives happily thereafter.

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