

PLANTAR LESIONS IN TUBERCULOID LEPROSY: A REPORT OF 3 CASES

Sir,

We report 3 histologically confirmed tuberculoid leprosy (TT) cases involving the sole of the foot which were detected at the outpatient clinic and in the field operational area of the Central Leprosy Teaching and Research Institute (CLTRI), Chengalpattu.

The plantar surface of the foot is an area of the body that is rarely affected by leprosy. Rarity of occurrence of such lesions and paucity of reports in the literature necessitated this report.

CASE A

A 26-year-old male presented to the outpatient clinic of CLTRI with a history of having a single patch of 6 months' duration over the right foot extending halfway onto the sole. On examination

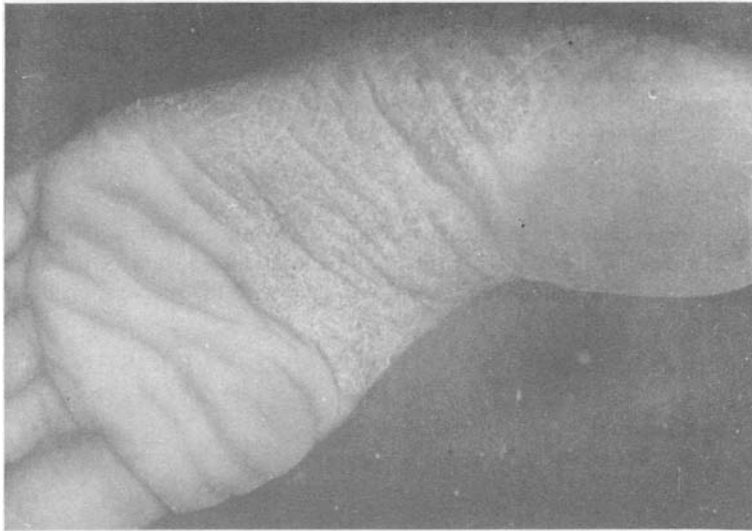


Figure 1. Plantar lesion in Case B (8" × 4") well-defined having impairment of sensation of touch on the left foot extending into the sole.

the lesion was found to be well-defined and erythematous, measuring 6" × 5" over the medial side of the dorsum of the right foot extending well onto the sole. There was definite sensory loss for all the modalities (touch, pain and thermal). Response to lepromin was 9 mm with ulceration. Mantoux was 0 mm. A biopsy from the lesion showed histopathology consistent with tuberculoid leprosy and was immunoperoxidase positive for *Mycobacterium leprae*.

CASE B

An 18-year-old male presented at the outpatient with 2 skin patches, 1 over the left elbow and the other over the left foot extending onto the sole. The lesion on the elbow which had first been noticed by the patient about 3 months ago was located over the lateral aspect of the left elbow joint. It was 5" × 2", erythematous and anaesthetic. The lesion over the left foot which had been noticed about 6 months earlier measured 8" × 4", was erythematous, well defined with a raised margin, and had impairment of sensation for touch, pain and thermal modalities (Figure 1). All the peripheral nerves were normal. Histopathology results were consistent with a diagnosis of tuberculoid (TT) leprosy (Figure 2). Lepromin was 9 mm and Mantoux was 0 mm. Treatment with MDT for PB leprosy was started. About 2 months after the start of treatment the patient developed acute neuritis of the left common peroneal nerve. He was prescribed steroids for which the response was partial and therefore necessitated decompression of the nerve. The lesion on the elbow resolved completely but not the one on the foot, which showed a histopathology picture on a repeat biopsy of BT leprosy.

CASE C

An 8-year-old boy was brought to the field clinic by his father with a history of a patch on the right foot which had been noticed about 2 months earlier. The lesion on examination was 5" × 4", erythematous, anaesthetic, well defined with raised margins, and situated on the medial side of the

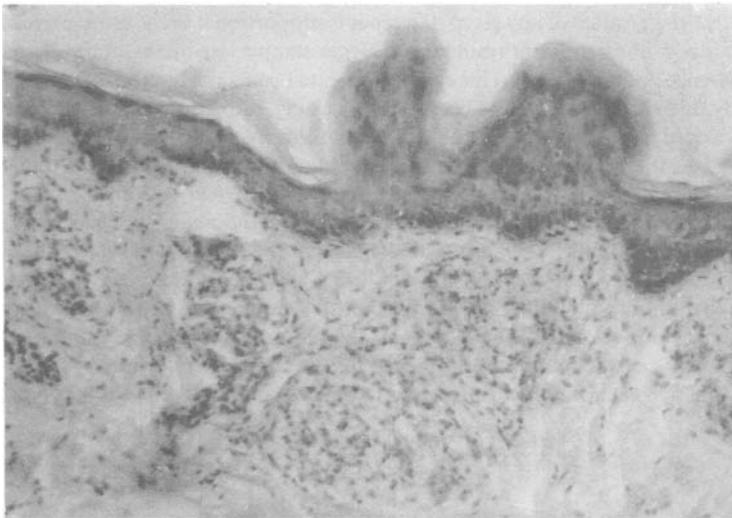


Figure 2. Histological picture of Case B ($\times 100\times$) H & E stain, showing tuberculoid leprosy.

dorsum of the foot and extending onto the sole. The histopathology result was consistent with tuberculoid (TT) leprosy.

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