PURE NEURITIC LEPROSY OF THE SUPRAORBITAL NERVE

Sir,

An unusual presentation of leprosy affecting only the supraorbital nerve is described.

Case Report

A 21-year-old man was referred from a clinic elsewhere to rule out any dermatological cause accounting for bouts of pain confined to the right half of his forehead. He had been experiencing them for the past 9 months. The recurrent bouts were characterized by a dull ache and tickling sensation that persisted for sometime and then subsided. It extended from the right side of the forehead and diminished as it passed along the head on the same side. They were unrelated to food, and personal habits like smoking and alcoholic beverages. The bouts were provoked by washing or wiping the face. He had taken symptomatic treatment and at not time had he had skin lesions. General examination revealed a person of average build and nutrition.

The skin of the face and rest of the body appeared normal. On palpation of the forehead a moderately thickened linear cord was felt above the right eyebrow corresponding to the supraorbital nerve, that on gentle pressure evoked the symptoms he had experienced. The closure of eyelids was normal and corneal sensation was preserved. A provisional diagnosis of primary neuritic leprosy was made. Biopsy of a longitudinal sliver of nerve tissue revealed a compact epithelioid cell granuloma with giant cells indicating tuberculoid type of leprosy. The Mitsuda reaction to intradermal lepromin test was strongly positive showing an erythematous nodule measuring 12 mm in diameter.

Discussion

In association with skin lesions, leprosy is an important cause of peripheral neuropathy.[1] Primary or pure neuritic leprosy is an established entity particularly in India[2] affecting usually the peripheral nerves of the limbs at sites where they are most superficially placed. Of the cranial nerves, the zygomatic branch of the facial and the ciliary branch of the ophthalmic division of the trigeminal may be affected, giving rise to lower eyelid paralysis and corneal anaesthesia respectively. Involvement of the supraorbital nerve, a sensory branch of the ophthalmic division, is quite rare and found in 16% along with skin lesions of leprosy,[3] which are pointers to the diagnosis. In our patient the symptoms were localized to one half of the head and the thickening of

the supraorbital nerve was appreciable only on palpation. Though such rare neuralgic presentations have been mentioned by experts[4] they are likely to be misdiagnosed by physicians without a high index of suspicion, to whom these patients generally report for the first time. Nerve biopsy is the only method to confirm the diagnosis.

Medical Centre (PHA) & Safdarjung Hospital V. RAMESH
New Delhi 110 029
India

References

[1] Anonymous. WHO Study Group. Report on Peripheral Neuropathies. *Tech Rep Ser*, 1980; No. 654, Geneva.
[2] Jopling, WH, McDougall AC. The Disease, In *Handbook of Leprosy*, Heinemann Professional, London, 1988: pp. 10–55.
[3] Dharmendra, Chatterjee SN. Examination for detection of thickened nerves. In *Leprosy*. Dharmendra, ed., Kothari Medical, Bombay, 1978: pp. 251–7.
[4] Browne SG. Leprosy—Clinical aspects of nerve involvement. In *Topics on Tropical Neurology*, R. W. Hornabrook (ed.), F. A. Davis, Philadelphia, 1975: pp. 1–16.