Lepr Rev (1998) **69,** 400–401

Letters to the Editor

SKIN PATCHES HERALDING RELAPSE IN A TREATED CASE OF NEURITIC LEPROSY

Editor,

A 36-year-old soldier, an old case of pure neuritic leprosy with initial involvement of left ulnar and right common peroneal nerves, who had received MDT-MB for 2 years, presented 3 years after successful completion of MDT with complaints of pain in the left periorbital region, increased weakness of the left hand and right foot, and hypopigmented skin patches over the left forearm and right thigh of 3 months duration.

Examination revealed two large ill-defined hypopigmented hypoaesthetic skin patches over the right thigh and left forearm, respectively. Left infraorbital, left ulnar, right common peroneal and posterior tibial nerves were uniformly thickened and tender. Weakness of the left orbicularis oculi (Gr. IV/V), grip left hand (Gr. III/V) and dorsiflexors of right foot (Gr. III/V) was evident clinically. Muscle power in the ulnar nerve supplied muscles of the left hand had been 4/5 on completion of MDT and 4/5 for the dorsiflexors of the right foot. There was no weakness of the left orbicularis oculi and the muscle power of left hand/dorsiflexors of right foot was Gr. IV/V on completion of MDT-MB. Slit skin smears for *M. leprae* from the right ear lobe and left eyebrow were negative for *M. leprae*. Skin biopsy from the patch over the left forearm revealed a dermal foamy macrophage granuloma (Figure 1) with the presence of AFB in Fite-stained sections.

Relapse was considered in view of the insidious appearance of skin patches, new nerve involvement, histopathological findings and inadequate response to 4 weeks therapeutic trial with oral steroids.

Transition from neuritic to leprosy with cutaneous lesions has been reported by several workers, more so when treatment is irregular and the patient is on monotherapy .[1,2,3] In a follow-up study on evolution of disease, it has been found that a large proportion of patients (almost two-thirds) with suspicious disease pass through a short-lived phase of neuritic disease before developing skin

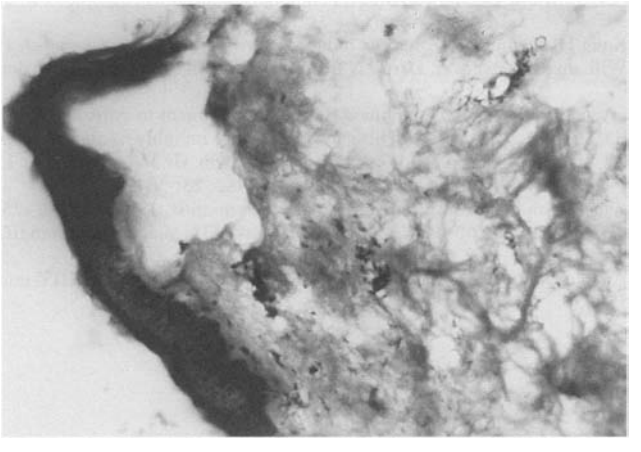

Figure 1. Dermal foamy macrophage granuloma (haematoxylin and eosin stain, ×450 magnification).

manifestations.[4] The appearance of skin lesions in neuritic leprosy has been suggested to be a part of the reversal reaction.[5,6] However, the appearance of a skin patch heralding relapse in an adequately treated case of neuritic leprosy is an interesting observation in this case.

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