UNDIAGNOSED LEPROSY FOR TWO YEARS
CASE REPORT.

Salim A/Rahman Al-Harnozi
Mohammad Mohy El- Din Selim
Department of Dermatology and Venereology,
Hamad Medical Corporation,
Doha, Qatar.

Case presentation:

A 53-year old female from Yemen, presented with a two
years history of slowly progressive, asymptomatic plaques on
the face and solitary annular patch on the left thigh. She had no
systemic symptom and was otherwise in good health. Physical
examination revealed three different sized purple plaques
located on the left eyebrow, right nostril and on the lower lip,
[Fig1, 2, 3] and annular lesion affected the left thigh [Fig.4].

All the lesions exhibited decreased sensation. There was no
lymphadenopathy or organomegaly. Laboratory data obtained
included results of a complete blood count, hepatic panel, renal
function tests, rapid plasma reagin test and measurement of
glucose-6-phosphate dehydrogenase levels and the results were
within normal ranges. A chest showed normal finding. Two
biopsy specimens obtained from the eyebrow and the thigh
lesions.

Both showed infiltration of all dermal layers by multiple
granulomata consisting of epithelioid cells and histocytes
associated with lymphocytes, accumulation of foamy
macrophages, with nerve infiltration and no acid fast bacilli
were detected on Fite's or ZN staining. (Fig. 5 & 6).

The patient was diagnosed to have tuberculoid leprosy and
was given dapsone 100mg daily and rifampine 600mg monthly
as treatment for six months.

Correspondence:
Dr. Salim A/R. Al-Harnozi.
Department Of Dermatology and Venereology,
Hamad Medical Corporation,
P.O.Box, 3050, Doha, Qatar.
proinflammatory cytokines, including interleukin(IL)-2 and interferon gamma, that promote a delayed-type hypersensitivity response."}

Since mycobacterium leprae are rarely demonstrable in the tuberculoid spectrum of leprosy, a confirmatory diagnosis of leprosy can be made on the basis of finding active destruction of cutaneous nerves by granulomatous inflammation in a skin biopsy, immunoperoxidase staining for S-100 protein which is a marker for schwann cells was used to delineate nerves in lesional skin biopsies of 25 patients with tuberculoid and borderline tuberculoid leprosy as well as 15 controls with non-leprous granulomatous inflammation.

All of the non-leprous granulomatous dermatosis showed intact nerves, either inside or outside the granuloma, while all the leprous granulomas showed different patterns of nerve damage. So S-100 staining can be used to rule out leprosy (5).

Treatment of leprosy consisting of multidrug therapy as recommended by the World Health Organization 1982. The multidrug regimen in cases of paucibacillary leprosy consists of rifampicin 600mg once per month and dapsone 100mg daily both drugs should be used for six months (6).

REFERENCES: