



INFECTIOUS DISEASES (BACTERIAL, FUNGAL, VIRAL, PARASITIC, INFESTATIONS)

BORDERLINE LEPROMATOUS LEPROSY WITH NECROTIC ERYTHEMA NODOSUM LEPROSUM IN A JAVANESE PATIENT ESTABLISHED BY POLYMERASE CHAIN REACTION (PCR) AND HISTOPATHOLOGY EXAMINATION : A CASE REPORT

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Background : Erythema nodosum lepromatosum necroticans is an immune complex-mediated reaction that attack in patient with BL and LL type. Its characterized by the appereance of crops of brightly erythematous tender nodules and plaque. Severe ENL can become bullous and break down and is termed Erythema Necroticans. We report a patient with ENL necroticans with dependent steroid and using clofazimin for sparing agent.

Observation : A 20-year-old man present with painfull nodules, bullae and ulcer over his extremities, trunk and accompanied with fever, nausea, vomiting, and pain on the skin of arm and legs since 1 weeks ago, but he occurring recurrently since 1 year ago if the steroids dose tapered off. He got MDTL for 9 months. On examination patient was febril and pallor. From dermatological status multiple, tender, erythematous, nodules were present all over the body including with necrosis of various size on thigh and arm. Diagnosis of leprosy was confirm by slit skin smear presence of globi form acid fast bacilli (AFB) with bacteriological index was 3+ and morphological index showed 0. From laboratory examination Hb 9,9g/dl, albumin 2,9 gm/100ml. Histopathological examination showed epidermal atrophy with parts of it were detached thus forming intra epidermal blisters. Large groups of foam cells were seen in the dermal layer, with lymphocytic and neutrophil infiltration until the lower dermal layer. The Nested polymerase chain reaction (PCR) using LERF2-MLER4 primer was positive for M.leprae and for ELISA anti PGL-1 IgM 730 u/ml, IgG 0 u/ml . Treatment with Metylprednisolone 32 mg with multidrugtherapy. The patient also gived with clofazimin





300mg daily after a month, the patient show significant improvement.

Key message : Erytema necroticans is uncommon manifestation of type 2 Erythema Nodosum Leprosum reaction, encountered in borderline lepromatous. The diagnosis based on clinal, histopathological features and PCR can use for detection M.leprae.

