ABSTRACT BOOK
ABSTRACTS

24TH WORLD CONGRESS
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INFECTIOUS DISEASES (BACTERIAL, FUNGAL, VIRAL, PARASITIC, INFESTATIONS)

COLLAGE OF RARE AND ATYPICAL CASES OF LEPROSY

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BACKGROUND: Though leprosy is rare in developed part of the world yet it's still prevalent in India. In the setting of rampant usage of antibiotics, surge of metabolic diseases, HIV and AIDS lepra bacilli has changed itself to such an extent that sometimes it becomes almost impossible to identify a case of leprosy. There are few atypical and rare cases.

OBSERVATION:
Case1: 25years, Male presented with single firm nodule over dorsum of left hand. Clinically regarded as nodular sarcoid, granuloma anulare and adnexal tumor. There was no nerve thickening, no hypoesthesia over the lesion.

Case2: 56 years diabetic male with an ulcer, painful at onset but become painless, over left leg 5 cm above the medial maleolus. Clinically diagnosed as pyoderma gangrenosum or tubercular ulcer. Second biopsy sample from the margin showed lepra bacilli and virchow cells. Quantiferon tb gold and TB PCR was negative.

Case3: One 34 years female, HIV positive patient presented with fever, weakness and sudden onset, painful, multiple erythematous nodules all over the body. Clinically thought to be as sweet syndrome and biopsy done that showed features of type 2 lepra reaction.

Case4: 38 years hypertensive, male with type 2 lepra reaction not responded to corticosteroid started thalidomide but had to stop due to complications. So cyclosporine was started in 5mg/kg and patient responded well within 4 weeks.
All cases are confirmed as leprosy by histopathology and fite stain. They responded well to anti leprosy therapy.

KEY MESSAGE: Due to cross country travel knowledge about leprosy is essential for all. Leprosy presentation is not classical like before. Newer presentations and similarities with other diseases are important as it will help a dermatologist from the developed world to consider leprosy as a differential diagnosis in many cases.

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