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

DE NOVO CASE OF HISTOID LEPROSY IN A PATIENT WITH G6PD DEFICIENCY: A CASE REPORT

M Astorga [1] - A Torres [1] - M Jamora [1]

Makati Medical Center, Dermatology, Makati, Philippines [1]

Background: Histoid Leprosy is a rare variant of Lepromatous Leprosy occurring in patients who relapse after dapsone monotherapy in the presence of dapsone resistance, or de novo with characteristic clinical and histopathologic features. It is characterized by sharply marginated papules or nodules over apparently normal skin with characteristic histopathologic features.

Observation: A 30-year-old Filipino-German male came in with a 14-month history of asymptomatic generalized well circumscribed pinkish to darkly erythematous shiny papules, plaques and nodules that initially presented as a solitary erythematous patch on the abdomen. The lesions eventually became generalized prompting consult with a dermatologist. Initial clinical impression was multicentric reticulohistiocytosis. A skin punch biopsy was done which showed presence of compact hyperkeratosis, flattened rete ridges, thin grenz zone with diffuse histicocytic infiltrates with positive AFB stain showing clumps of bacilli and CD68 stain showing spindle shaped histiocytes. The patient was assessed with Lepromatous Leprosy, Histoid variant. Laboratory tests were requested prior to starting treatment which revealed G6PD deficiency. He was then started on Rifampicin, Ofloxacin and Mincoycline (ROM) therapy and Multidrug Therapy Multi-Bacillary (MDT-MB) without the dapsone. After one month on treatment, significant improvement was noted with flattening of majority of lesions. The patient is still currently on treatment with regular follow-up.

Key message: Histoid leprosy still remains to be a diagnostic challenge as it can mimic many dermatologic conditions clinically and histopathologically; hence, a high index of suspicion plus appropriate diagnostic tests is warranted. Treatment-wise, there is conflicting evidence as some studies show that it can be treated with MDT-MB alone, while some recommend addition of ROM to the regimen. In our patient with G6PD deficiency, initial treatment with ROM therapy followed by MDT-MB without the Dapsone showed good response.