



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

DELAYED DIAGNOSIS OF LUCIO'S LEPROSY WITH RHEUMATOLOGICAL MANIFESTATIONS DUE TO MISINTERPRETATION AS RHEUMATOID ARTHRITIS: A RARE CASE IN INDONESIA

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Background(:) The incidence of Lucio's leprosy among Asian countries is very low and identifying this type of leprosy is incontrovertibly difficult. Rheumatological manifestations often found to be more prominent compared to cutaneous manifestations, causing patient to be misdiagnosed and treated as rheumatoid arthritis (RA) instead of leprosy.

Observation(:) A 44 years old female came to the regional general hospital in Malang, Indonesia, presenting insidious superficial ulcers and necrotic cutaneous lesions on extremities, associated with reduced of sensoric sensation and motoric strength, nerve thickness, saddle nose, madarosis, alopecia, shiny skin. Patient used to ignore the numbness of her palms and soles since five years ago. Six months earlier, the patient found deformity and swelling on her fingers. Hand X-ray showed marginal erosion and narrowed interosseus cleft. She was diagnosed with RA by an internist and, since then, treated with oral corticosteroid. The slit skin smear from ear and ulcer revealed bacilloscopic index of 5 and 6, respectively. The histopathological examination showed vascular necrosis, erythrocytes extravasation, Grenz zone. The patient was diagnosed with Morbus Hansen-Lucio leprosy with polyarthritis and treated with Multibacillary Multi-Drug Therapy (MDT-MB) and oral methylprednisolone. The finger's swelling was reduced in one week and all ulcers were healed within four weeks.

Key message(:) Patient fulfills the clinical signs of Lucio's leprosy. The development of Lucio's leprosy may be caused by prolonged use of corticosteroid for RA. Infiltration of Mycobacterium leprae in joint space may induce inflammatory responses leading to arthritis. Significant improvements were found after MDT.

