



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

ERYTHEMA NODOSUM LEPROSUM MISDIAGNOSED AS ERYTHEMA NODOSUM IN A BORDERLINE LEPROMATOUS LEPROSY PATIENT

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Background: Erythema Nodosum (EN) is a form of panniculitis that is associated with the mechanism of type IV hypersensitivity. Clinically EN manifest as acute eruption of painful subcutaneous erythematous nodules. EN are correlated with several conditions but mostly idiopathic. Erythema nodosum leprosum (ENL) is a leprosy reaction which associated with the mechanism of type III hypersensitivity. Its is characterized by acute eruption of painful subcutaneous erythematous nodules. ENL is often associated with high bacterial index (BI) value.

Observation: A 20-year-old female presented with painful erythematous nodules on her face, both arms and both legs. Six months before consultation, there were recurring painful erythematous nodules on her legs and treated by dermatologist. Over time, the lesions gradually extended to both arms and face, accompanied by fever and arthralgia. Suspected primary lesion and nerve enlargement were found. Skin slit smear examination showed BI 3.67+ and morphological index 5.67%. The skin biopsy revealed mild epidermal atrophy, subepidermal grenz zone, and foamy macrophage. Diagnosis of BL was established by clinical, bacteriological, and histopathological considerations. EN with proven leprosy, established the diagnosis of ENL. The precipitating factor were dental infection and exhaustion, and she was advised to do dental care and limit activities. The treatment regimens started with 40 mg prednisone, and routinely tapered every 2 weeks along with multibacilar multidrugs therapy. However, prednisone lower than 20 mg was never achieved, because of reemergence of the ENL.

Key message: EN and ENL have similar clinical manifestation. Careful clinical approach, finding etiology and precipitating factors are considered to be very important to establish diagnosis and management of the patient.

