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

LEPROSY AND TUBERCULOSIS CO-INFECTION: A CASE OF REPORT

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BACKGROUD: Leprosy and tuberculosis are chronic granulomatous infections caused by alcohol-acidic mycobacterias that multiply slowly in the host and have long incubation periods. There are several presentations of both diseases. Although endemic in developing countries like Brazil, co-infection has been poorly reported in last decade. Some research suggests antagonism between two diseases.

OBSERVATION: Patient, 67 years, brown, immunocompetent, diabetic and dyslipidemic. Sudden appearance of red spot on face, local pain, itching and fever. She sought other services, being diagnosed with facial cellulitis, being hospitalized and has received antibiotic therapy, with partial improvement. She also reported loss of approximately 20kg in 5 months and eventual evening fever. At physical exam, was observed wine erythematous-infiltrated stain in left hemiface with approximately 15 cm in the largest diameter, extending to the nasal dorsum, also showing important periocular edema to the left. Reduced thermal sensitivity. Anatomopathological: perivascular, perineural and perianexial granulomatous dermatitis, negative resistant acid-alcohol bacillus, suggestive of leprosy. Bacilloscopy of the intradermal scraping negative. Initiated Multibacillary polychemotherapy with Rifampicin, Clofazimine and Dapsone. CT scan of the chest: an oval shaped excavated lesion, measuring 3.5cm on its largest axis, located on the lateral segment of the middle lobe, associated with consolidation and centrilobular opacities suggestive of inflammatory with infectious appearance. Sputum smear microscopy: two positive samples, initiating treatment for tuberculosis with Rifampicin, Isoniazid, Pyrazinamide and Etambutol. The patient progressed with improvement of cutaneous and pulmonary conditions after 6 months of tuberculosis treatment and one year of leprosy treatment.

CONCLUSION: Leprosy-tuberculosis co-infection is not frequent. This study report case of

patient with dimorphic leprosy in reactional setting and who was diagnosed with pulmonary tuberculosis at the time of infectious screening. A differential diagnosis was lupus vulgaris, an even rarer infectious cutaneous disease. This is post-primary form of tuberculosis, appearing in previously sensitized individuals.