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

NECROTIC ERYTHEMA NODOSUM LEPROSUM- A RARE COMPLICATION OF LEPROSY IN THE POSTLEPROSY ELIMINATION ERA: A 10-YEAR RETROSPECTIVE CLINICO-PATHOLOGICAL STUDY FROM A TERTIARY CARE CENTRE IN INDIA

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Background: Reactional states of leprosy pose a significant challenge even to astute leprologists. Necrotic variant of erythema nodosum leprosum (nENL) is one such form with unique clinical and histopathological features which often mimics other dermatological diseases like cutaneous vasculitis and sweets syndrome. Unfortunately, there is scanty literature available on this entity.

Objective: To study the epidemiological, clinical and histopathological characteristics of patients with nENL.

Methods: A retrospective review of nENL patients registered with the leprosy clinic of our centre over past 10 years was undertaken and data extracted from the patients records.

Results: We retrieved 13 cases of nENL out of 311 patients with at least one episode of ENL (4.2%) among the 1173 registered leprosy patients (1.1%). Lesions were present predominantly on the trunk, upper limbs, lower limbs, and face in descending order of frequency. Majority of patients had a primary diagnosis of lepromatous leprosy (84.6%), while one patient each belonged to the borderline lepromatous and histoid leprosy spectrum respectively. The most common clinical presentation was pustular & ulcerated noduloplaques, while one patient each had lesions mimicking cutaneous vasculitis and sweet's syndrome respectively. All had associated fever, malaise, myalgia and large joint pains. Slit skin smear was positive in 100% patients. Histology showed epidermal necrosis, dense neutrophil rich dermal infiltrate, vasculitis and panniculitis along with high bacillary load. Patients were treated with WHO multidrug therapy regimen with oral prednisolone and NSAIDs. They required high doses of steroids (1-1.5 mg/kg/day) for 6-8 weeks for response and developed recurrences on tapering, necessitating clofazimine, minocycline or

thalidomide for effective control. Lesions healed with scarring.

Conclusion: Due to variable and atypical presentations, nENL patients can remain undiagnosed, causing considerable, potentially irreversible morbidity. Clinical clues, histology and slit skin smear are the primary tools to differentiate this rare entity from its clinical mimickers.