



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

TITTLE: TYPE 2 LEPRA REACTION IN PURE NEURAL LEPROSY PATIENT

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A 42- year- old male presented for altered sensation, tingling, pain with mild peripheral tender nerves. As he had no skin patches, a diagnosis of Pure neural leprosy(PNL) was suspected. Slit skin smear of patient was done from 2 lesions, forehead and earlobes was negative.CBC showed high counts & raised ESR. On nerve conduction study(NCS) compound muscle action potential (CMAP) distal latency, amplitude, conduction velocities were decreased in ulnar, peroneal and tibial nerves suggesting early stage of neuropathy. Sural nerve biopsy showed tuberculoid granulomatous infiltration consists of lymphocytes, foamy macrophages, immature epitheloid cells and giant cells. The diagnosis of PNL was confirmed & started on MDT drugs with oral steroids. But after 4 months, he came with multiple painful red raised lesions on upper extremities, chest and face, associated with high grade fever, bilateral knee joint pain of 4 days duration.

Patient had multiple tender erythematous nodules of size 1×1cm seen over upper extremities, chest and face and mild facial palsy. Punch biopsy from erythematous nodule showed granulomatous changes with bacilli under H&E and was confirmed by special stain . We started 60 mg of methyl prednisolone with MDT & analgesics to which he responded.

To conclude, we illustrated a unique case of PNL which presented with type 2 reaction picture and same is confirmed by nerve & skin biopsy and supported by NCV. Our case helps in bringing the attention of neurologists, dermatologists, and leprologists alike and will help in diagnosis , treatment & prevention of sequele.

