



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

## TREATMENT-REFRACTORY NECROTIC ERYTHEMA NODOSUM LEPROSUM IN A PATIENT WITH AIDS

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**Background:** Necrotic erythema nodosum leprosum (ENL) is an uncommon severe type 2 reaction in patients with leprosy. Increased CD4+/CD8+ T-cell ratio in tissue and peripheral blood characterizes T-cell profile during ENL flares. We present an AIDS patient with low TCD4 counts and unexpected refractory necrotic ENL.

**Observation:** A 36-year-old single female in treatment for lepromatous leprosy for 9 months presented with necrotic nodules for 8 months. She was using prednisone (1mg/kg daily) for severe type 2 reaction. She was also being followed for AIDS. Her viral load

was undetectable and her TCD4+ count was 170 cells/mm<sup>3</sup>. She had previous alcohol, cocaine and crack abuse and was free of addiction for the last 8 months. Examination revealed

multiple necrotic nodules distributed over limbs, face, trunk and buttocks, characteristically sparing warmer sites. Thalidomide was initiated in parallel to treatment for leprosy. Patient showed slow and gradual improvement. While tapering steroids, she developed a new flare, which subsided with prednisone 1mg/kg daily. Treatment for leprosy was completed, but patient

still experienced minor flares. Prednisone was further tapered for 6 months, when she again presented with widespread necrotic nodules. Biopsy showed epidermal and dermal neutrophils

with suppuration and dermal/subcutaneous vacuolated macrophages. Fite stain was positive.

Treatment for leprosy was then reinitiated. She still had undetectable viral load. Her last TCD4+

cell count was 37 cells/mm<sup>3</sup>.

**Key message:** Our patient had permanently low CD4+ cell count (as well as low CD4+/CD8+ ratio), which would not suggest such severe presentation of ENL. Though HIV-leprosy coinfection has been increasingly reported, it is unclear whether it alters leprosy presentation. Preferential suppression of Treg cells in HIV infected individuals could explain such phenomenon and cytokine profile possibly plays more important role than cell ratio on





ENL

pathogenesis of HIV infected individuals.

