



TROPICAL DERMATOLOGY

## LEPROSY IN A PATIENT ON CHRONIC TREATMENT FOR HIDRADENITIS SUPPURATIVA

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**BACKGROUND:** Leprosy is a chronic infectious disease caused by *Mycobacterium leprae* that affects nerves and skin. It presents a broad spectrum of immunological response, leading to high morbidity. Erythema nodosum leprosum is characterized by exacerbation of humoral response accompanying systemic manifestations; it can also develop necrotic lesions not only restricted to lower limbs. Other etiologies of erythema nodosum (EN) are infections, medications and even hidradenitis suppurativa (HS).

**OBSERVATION:** A 32-year-old female patient from Sao Paulo, Brazil, in treatment for HS affecting breast, armpits, and groins for 13 years presented EN lesions on both legs. Histopathology of the nodules showed a lymphohistiocytic neutrophilic infiltrate between adipocytes. BAAR stain was negative and EN lesions were interpreted as HS manifestation. Prednisone and methotrexate were prescribed, improving the clinical course. Rifampicin as a therapy for HS was introduced, and after 5 months the patient presented a hypopigmented macule with impaired sensitivity. Histamine test was incomplete and histopathology exhibited perineural and perivascular lymphohistiocytic infiltrate, with vacuolated histiocytes. Findings were compatible with leprosy. Electroneuromyography determined abnormal sensory nerve conduction, reinforcing the diagnosis of borderline-borderline leprosy. After ten months of multi-drug therapy (MDT), the patient improved both leprosy and HS lesions. Nevertheless, she developed a complaint of tingling and pain on legs, interpreted as leprosy peripheral neuropathy, treated with amitriptyline and gabapentin.

**KEY MESSAGE:** Leprosy is a neglected tropical disease and a public health condition in Brazil. A regular anamnesis and physical exam, with special attention to macules, alopecia, and complaints of paresthesia may allow an earlier diagnosis. Therefore promoting prevention of permanent neurological damage and function disability, and also preventing the spread of the disease. Rifampicin treatment for HS may have exacerbated the hypopigmented macule, in a leprosy reaction, leading to a diagnosis of leprosy, whose treatment also contributed to HS improvement.

