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

IMPORTANCE OF CLINICO-PATHOLOGIC CO-RELATION TO DIAGNOSE BORDERLINE TUBERCULOID HANSEN'S DISEASE

Chitra Shivanand Nayak Nayak [(1)] *- Binny Binny* [(1)]

Byl Nair Ch Hospital & Tn Medical College, Dermatology, Mumbai, India [(1)]

Introduction: Leprosy (Hansen's disease is a chronic infectious, communicable disease caused by Mycobacterium leprae primarily affecting the skin and the peripheral nerves. Clinically, Hansen's disease can vary from an insignificant patch of hypopigmented skin (with variable hypoaesthesia) which may heal spontaneously to widespread damage of peripheral nerves, eyes, bones, muscles and other tissues, with resultant deformity and disability. For the correct and adequate treatment the diagnosis must be made early and it should be accurate.

Objectives: To study the histopathologic findings in biopsies from patients of Borderline Tuberculoid Hansen's disease (BTH) and to know the percentage of those with and without granulomatous infiltration.

Materials and methods: A hospital based study was conducted in a tertiary care hospital dermatology department on 250 biopsies of newly diagnosed patients of BTH taken between October 2012 to September 2017 whose clinical records were available in the department. Data was analysed for frequency and percentages.

Results: Out of 250 cases of BTH 203(81.2%) were males and 47(18.8%) were females. Their age ranged from 5 to 70 years with the majority belonging to the 20-40 years group. Majority of them presented within 6 months. Most common lesions were hypopigmented patches seen in 174(69.6%) patients. Most common body sites involved were upper extremities seen in 80(32.0%) patients. Ulnar nerve was most commonly involved, found thickened in 212 patients. Out of 250 biopsies granulomatous infiltration was seen in 111(44.4%) biopsies and the remaining 139 (55.9%) did not have granulomas. Other histopathologic parameters recorded were arrector pili muscle infiltration(14.8%), melanin incontinence(1.2%), panniculitis(2.8%), nerve infiltration(13.4%) interface dermatitis(6.4%), mast cells(3.2%), grenz zone(3.6%).

Conclusion: More than half the biopsies from BTH disease did not show granulomatous pathology. Granulomatous infiltrate is not a must to diagnose BTH but clinico-pathologic co-relation is of utmost importance to diagnose BTH.