



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

## LUCIO'S PHENOMENON: CASE REPORT

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**Background:** The leprosy reactions are inflammatory episodes which are developed by patients with leprosy. There are two forms: type 1, reaction of hypersensitivity type IV, and type 2, acute immune complex vasculitis affecting the skin and medium and large vessels. Lucio phenomenon is the most severe form of type 2 reaction, is the anergic form. It is considered a necrotizing panvasculitis clinically characterized by necrotic hemorrhagic lesions on the extremities and trunk. It may be life-threatening and is treated with multi drug regimen from the World Health Organization (WHO) associated with systemic steroids or thalidomide.

We report a case of Lucio's phenomenon observed in a patient with extensive skin necrosis.

**Observation:** A forty two year old male patient from a rural area of Chaco, Argentina, presented to us with rapidly progressive painful lesions involving the upper and lower limbs. Physical examination showed an infiltrated face, with madarosis, besides severe purpuric/hemorrhagic, ulcerative-necrotic lesions that involve the extremities of the body. The skin manifestations prompted a biopsy that revealed the presence of Mycobacterium bacilli (by Ziehl-Neelsen stain) accompanied by a dense histiocitary infiltrate and the presence of vascular fibrinoid necrosis.

A clinical and histological diagnosis of Lucio's phenomenon secondary to lepromatous leprosy was made.

The patient received clinical care and was submitted to multibacillary multidrug therapy (WHO) and 60 mg/day of prednisone. However he developed severe anemia and hepatitis with elevated enzyme levels, so dapsone was withheld from the treatment regimen and he received intravenous pulses of methylprednisolone for three days.

The patient demonstrated satisfactory response to treatment.

**Key message:** Lucio's is a rare presentation. Report a case of a patient with Lucio's phenomenon, with a bad evolution when it started the treatment and a quick response after the therapeutic change.

