

HISTOID LEPROSY: A CASE REPORT

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ABSTRACT

Histoid leprosy, originally described by Wade in 1960 is a rare kind of lepromatous leprosy but regarded as a well-defined entity with specific clinical, histopathologic, and bacteriologic features. It presents as a cutaneous or subcutaneous nodular and/or plaque like lesions and in pathologic examination there are spindle shaped histiocytes. We present a case of histoid leprosy in a 55 year old male in view of rarity of this condition. The patient presented with swelling of hands, soles and face of 18 months duration. On examination there were multiple skin colored nodules overlying normal looking skin, over the chest and abdomen. There was edema of face, both upper and lower limbs (leonine face). Right sided facial nerve palsy was noted. All routine investigations were found to be within normal limits. Histopathologic examination with hematoxylin and eosin-stained and fite-faraco stained sections revealed it to be histoid leprosy.

KEYWORDS: Histoid leprosy, lepromatous leprosy, Mycobacterium Leprae.

INTRODUCTION

Leprosy is a chronic granulomatous infection with permanent consequences which is caused by Mycobacterium leprae and primarily involves skin and nerves. Clinically leprosy presents as a spectrum of manifestations consisting of two constant poles from polar tuberculoid (TT) to polar lepromatous (LL) disease. Histoid leprosy is a specific and relatively lasting type of multibacillary leprosy with specific clinical, bacteriologic, and histopathological findings and its pathogenesis is still unknown. It was first reported by Wade in 1960 and is a very rare form of leprosy that may arise *de novo* or following an inadequate treatment with dapsone monotherapy or multidrug therapy (MDT). It commonly affects buttocks, back, face and extremities. The typical clinical features of histoid leprosy are numerous shiny, succulent, smooth, dome-shaped, non tender, soft to firm nodules overlying normal looking skin, along with papules and plaques.

CASE REPORT

Fifty five year old male presented with swelling of hands, soles and face of 18 months duration. On physical examination there were multiple skin colored nodules, over the chest and abdomen. Infiltration into skin was noted over face and both ears, sagging of face was present with prominent nasolabial folds. There was edema of face, both upper and lower limbs (leonine face). Right sided facial nerve palsy was noted. All

routine investigations were found to be within normal limits. A punch biopsy of 4 mm was taken from a nodule over chest and the specimen was sent for histopathological examination. Histopathologic examination of hematoxylin and eosin stained sections revealed thinned out epidermis overlying focal aggregates of vacuolated cells admixed with lymphocytes and spindle shaped histiocytes in the superficial dermis. Periadnexal inflammatory infiltrate was seen. Fite-Faraco stain showed clusters of acid fast bacilli within the vacuolated cells. The bacillary index was 5. Hence, a diagnosis of histoid leprosy was made.

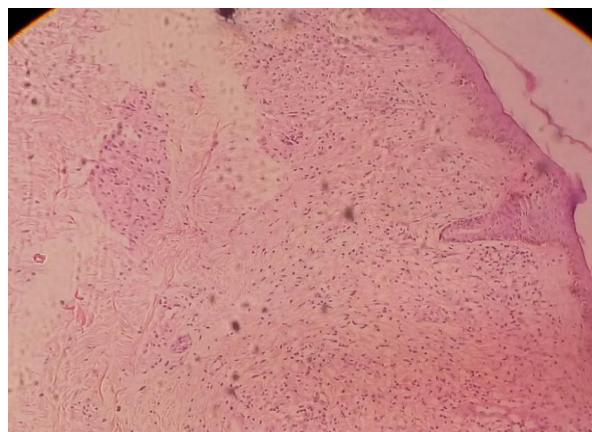


Fig-1.

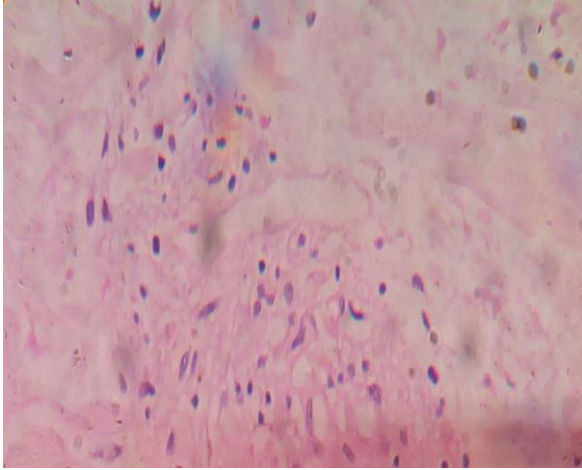


Fig-2.

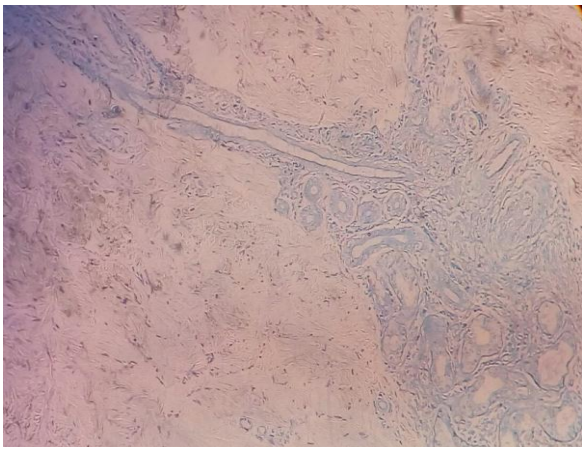


Fig-3.

DISCUSSION

Histoid leprosy is considered as a variant of lepromatous leprosy and by others as a distinct entity. The incidence has been reported to vary from 1% to 2% amongst total leprosy patients. It was described by Wade in 1960 as discrete, firm lesions and dome-shaped nodules which develop on apparently normal skin in patients with lepromatous leprosy. Its exact etiopathogenesis, is not well understood. There is a male preponderance. The average age affected is between 21 and 40 years. The youngest patient reported previously was aged 8 years. Histoid leprosy has characteristic clinical, histopathologic and bacterial morphological features.

Clinically, it is characterized by cutaneous and/or subcutaneous nodules and plaques on apparently normal skin. The lesions are usually located on the posterior and lateral aspects of the arms, buttocks, thighs, dorsum of hands, and on the lower part of the back and over the bony prominences, especially over the elbows and knees. There are three histologic variants of histoid hansen: pure fusocellular, fusocellular with epitheloid component, and fusocellular with vacuolated cells. The third pattern is most commonly observed. There are plentiful bacilli in histoid form with less tendency to form globi. Considering the high load of bacilli in histoid

leprosy, these patients are potential sources of infections especially in the areas where the disease has been eradicated. Histoid type of disease can be a big barrier in eradication of leprosy.

Our patient had lesions typical for histoid leprosy. The histopathological features along with clinical features, confirmed the diagnosis of histoid leprosy. The significance of such patients include their rarity, specific pathologic findings, high bacillary load which can be a barrier for eradication of leprosy. They also act as potential reservoirs of infection, especially in societies where the disease has been eradicated.

CONCLUSION

Histoid leprosy is a distinct rare form of multibacillary leprosy with characteristic clinical, bacteriological and histopathological features, and the case is reported for its rarity.

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