

ATYPICAL PRESENTATIONS OF HANSENS DISEASE-TWIST IN THE FINALE

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ABSTRACT

Hansen's disease can have many varied uncommon clinical Presentation, with many differentials. Though Hansen's disease was not in our differentials, but came as a surprise after histological examination and with clinical correlation. These two atypical cases reported here are one with nodular presentation and other with perforating dermatosis.

Keywords: *Hansen's disease, Atypical Hansen's, Nodular Hansen's, Perforating like Hansen's*

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INTRODUCTION

Hansen's disease is a great mimic and can have many varied uncommon clinical presentations (Tina *et al.*, 2017). We report two atypical presentations of hansen's where histopathology was key in establishing the correct diagnosis.

CASES

Case 1: A 31years old male presented with multiple painless lesions over trunk, back, buttocks since 6months. The lesions began as skin coloured papules discharging white cheesy material, later ulcerates and heals with scarring. No history of fever, malaise or any other constitutional symptoms. On examination, papules and ulcers with central crusting distributed over extensor aspects of upper and lower limbs, on buttocks and lateral aspect of trunk. A single nodule noted over the helix of right ear. There were no palpable lymphnodes or peripheral nerve enlargement. Skin biopsy showed nodular dense granulomatous infiltrate of foamy histiocytes and lymphocytes in upper dermis. A slit skin smear taken subsequently showed acid fast bacilli in globi. Thus final diagnosis Lepromatous leprosy was done and multidrug therapy was given.



Case-1 *Perforating dermatosis Like Hansen's disease*



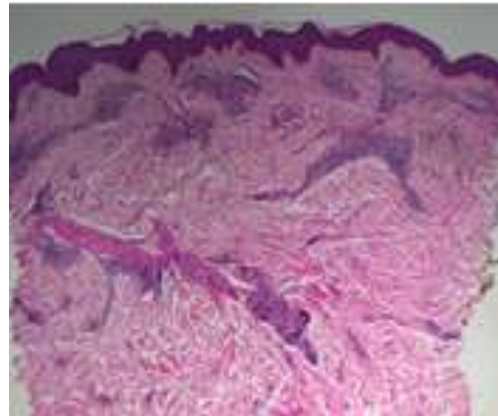
Case-2 *Nodular type of Hansen's*

Case Report (Open Access)

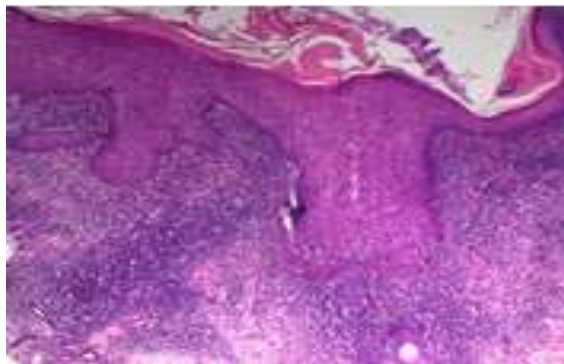
Case 2: A 35years old male presented with asymptomatic raised skin lesions over lower back since 4years. On cutaneous examination, multiple skin coloured to erythematous non pedunculated soft nodules present over erythematous plaque on the back. On histopathological examination, nodular granulomatous infiltrate of lymphocytes, histiocytes and foamy macrophages were noted in upper dermis. Grenz zone is seen. Final diagnosis of BL Hansen's was done.



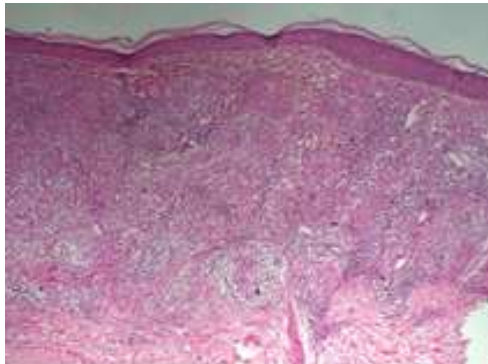
Case-2 after 2 months of ATT



Case-1 Histopathology picture



Case-1 histopathology picture



Case-2 Histopathology picture

Case-1 Histopathology: Nodular dense granulomatous infiltrate of foamy histiocytes and lymphocytes with uniform and sparse scattering of lymphocytes involving predominantly the upper dermis including the periadenexal dermis around a markedly dilated follicular infundibulum. The macrophage granuloma is also present around a vessel in deep reticular dermis. The dilated follicular infundibulum is plugged by collection of pyknotic neutrophils and parakeratotic cells

Granuloma index: .20

Infiltrate index: .20

Case-2 Histology picture: nodular granulomatous infiltrate centered around neurovascular bundles of superficial and deep dermis as well as appendages at some places and has indistinct boundaries at other places. Granuloma consists of lymphocytes, histiocytes and foamy macrophages. A few granulomatous nodules show immature and mature epithelioid cells in addition to the above types of cells.

DISCUSSION

Mycobacterium leprae causes Hansen's disease, these are acid fast bacilli. Usually affects Skin and peripheral nerves with variable clinical outcomes (Shruti *et al.*, 2018). It causes granulomatous destruction of the nerves and results in hypo aesthetic, hypopigmented patches on the skin. Some atypical presentations are like hyperpigmented macules, ulcerated lesions. In this case we discussed about nodular and perforating type of presentations so, always Hansen's suspicion in endemic and low socio economic group individuals.

Skin biopsy and simple slit skin smear can rule out or diagnose a Hansen's case. Clinical detection and morphological diagnosis of early lesions remain challenging, and the histological findings should always be interpreted in correlation with clinical findings. Many cases with atypical or variable presentations may go untreated with a missed diagnosis can lead to permanent deformities and fatal outcomes.

Conclusion: Though Hansen's has been declared to be eradicated in India, newer atypical and diverse presentations are being reported. Hence, Hansen's should be actively ruled out in all suspected case.

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