

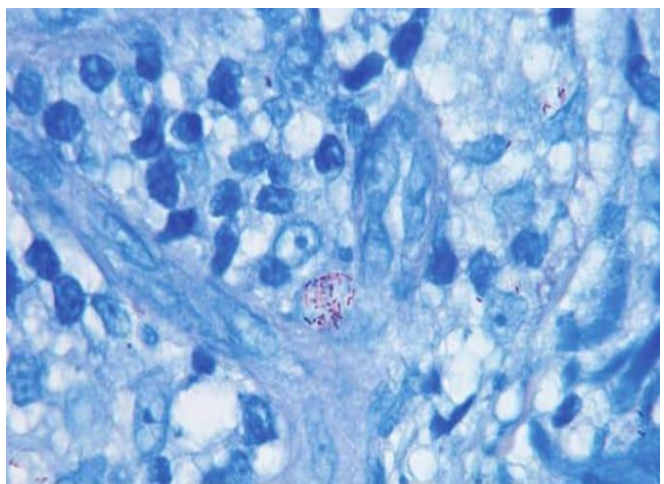
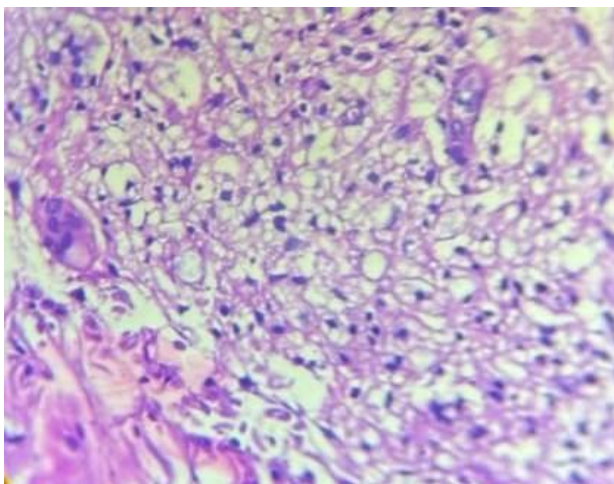
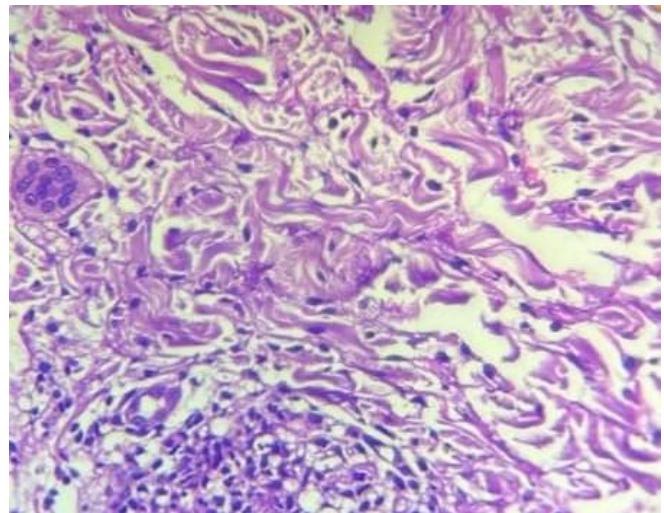
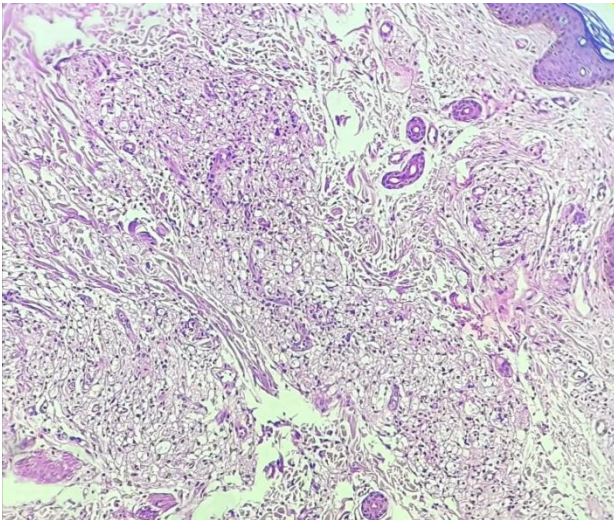
**Case of the week 03.06.2023**  
**Lepromatous Leprosy**

**History-** 58 years male patient presented to dermatology OP with complaints of multiple red coloured swellings all over body since 2 years. History of tingling sensation over hands and feet present.

**Clinical diagnosis** – Leprosy.

**Gross** – Received single skin covered soft tissue bit measuring 0.5x0.5 cm.

**Microscopy** – Section studied shows epidermis lined by keratinized stratified squamous epithelium. Subepithelium shows Grenz zone and sheets of macrophages are seen in the dermis in periadnexal and perineural areas. Multinucleated giant cells, few chronic inflammatory cells and congested blood vessels are also noted.



**Special stain – Fite Faraco stain** – Positive.

**Diagnosis** – Lepromatous leprosy.

**Discussion** – Leprosy/Hansen’s disease is caused by mycobacterium leprae. Incubation period is 3-5 years. Transmitted by nasal discharge and digital impregnation of skin. Tuberculoid, lepromatous, borderline, indeterminate and histiocytoid leprosy are different types. Tuberculoid leprosy is seen in individuals with good immune response and show Granulomatous response. Lepromatous leprosy occurs in individuals with poor cell mediated immunity and do not show Granulomatous response. Borderline is intermediate between tuberculoid and lepromatous. Detection of mycobacterium leprae in slit skin smear is gold standard technique for diagnosis of leprosy. Modified ZN stain, fite faraco stain, PCR, ELISA are helpful in confirmation of diagnosis.