CASE REPORT OF LEPROMATOUS LEPROSY AT AN EARLY AGE WITH NO FAMILY HISTORY OF LEPROSY

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G.J. Chol[1], G.C. Jany[1]
Medicines Sans Frontiers-OCA, Gambella, Ethiopia

INTRODUCTION

Leprosy is a chronic and neglected disease caused by the bacillus Mycobacterium leprae.

It primarily affects the skin, peripheral nerves, eyes, and internal organs, with long-term complications and social stigma.

In 2023, 9,729 new cases with Grade 2 Disability were detected globally, and 266 (2.7%) of them were among children despite WHO Global Leprosy Strategy (2021-2030) to reduce the rate of pediatric leprosy cases by 90% per million children by 2030.

The diagnosis of leprosy in children is an indicator of active transmission in endemic regions.

Lepromatous leprosy is a form of leprosy characterized by pale macules in the skin. It is diagnosed clinically based on symptoms evolution, skin lesion features with a definite loss of sensation and can be supported by skin smear skin using Ziehl-Neelsen stain and finding bacilli consistent with Leprosy.

However, positive bacilloscopy is rare in children, only occurring in 10% of children under age 15.

DISCUSSION

This case highlights the clinical and public health impact of Paediatric Lepromatous leprosy in a resource limited and endemic area. Her presentation, (+1) slit-skin smear, indicating high bacterial load and transmission risk. WHO multi-drug therapy (MDT) led to clinical improvement

CONCLUSIONS

The case underscores the consideration of Leprosy in differential diagnosis in skin lesions not responsive to treatment though uncommon in Paediatrics particularly in resource-limited setting, and breaking the chain of transmission and achieving global elimination target.

CASE DESCRIPTION

A 13-year-old girl presented with a one-year facial lesion that began as a blister two years ago and progressed to nodules and widespread hypopigmented, itchy, anaesthetic plaques on limbs, back, and face. No family history was reported.

Examination revealed nerve thickening (ulnar, radial cutaneous, fibular). Leprosy was suspected; slit-skin smear (hand lesion) was positive (+1).

Diagnosis: lepromatous Leprosy with secondary bacterial infection, treated with Cephalexin.

WHO-recommended MDT (Rifampicin, Dapsone, Clofazimine) was initiated, leading to improvement of skin lesions and nerve symptoms after 2 months.

Figure 1: Thirteen years old patient. A) Bilateral common fibularis nerve thickening. B) Face maculopapular hypopigmented lesion. C) Superinfected maculopapular lesion on hand. D) Macula bacilloscopy of smear showing positive bacillary stain Ziehl Neelsen.

"Two months after initiation of MDT, the patient showed improvement of skin lesions and nerve symptoms.

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ETHICS STATEMENT

This study fulfils the exemption criteria set by the MSF ERB and was approved for submission by the OCA Research Centre.