HISTOID LEPROSY A CASE REPORT

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Abstract: Histoid Hansen, an expression of multibacillary leprosy characterised by typical cutaneous and or subcutaneous nodules and plaques occurs in lepromatous patients who relapse after dapsone monotherapy, in the presence of dapsone resistance or at times, denovo with characteristic clinical and histopathological features.

Keyword: Histoid Hansen, lepromatous leprosy, dapsone monotherapy, resistance

Introduction
Histoid Hansen is an uncommon variant of lepromatous leprosy characterized by discrete shiny, succulent, globular, firm nodules and papules on normal appearing skin. It occurs in lepromatous patients who relapse after dapsone monotherapy, in the presence of dapsone resistance or at times de novo. We report here a classical case of Histoid Hansen’s with a classical presentation

Case history
A 30 year old male patient native of Calcutta, carpenter by occupation presented to us with asymptomatic raised skin lesions over the abdomen, both the upper and lower limbs, back and genitalia for 5 months. A month later he developed similar lesions over the ears. No history was suggestive of previous drug intake or reactions. No history of similar complaints in the family. On examination multiple non tender skin coloured nodules, ranging in size from 1x2 to 2x3 cm was present over the face, abdomen, extensor aspect of both the upper and lower limbs, back and genitalia. Infiltration of the face was noted. Eyebrows were unaffected. Bilateral great auricular, ulnar, radial cutaneous, lateral popliteal and posterior tibial nerves were thickened, non tender.

Haematological investigations were non supportive. VDRL and HIV-1 & 2 were non reactive. Slit skin smear examination showed 5+. Biopsy was taken, H & E section showed clear Unna band with granuloma and spindle shaped histiocytes. Wade - fite stain showed numerous larger bacilli, (bacillary index 5+)(fig 5). The patient was started on MB MDT with rifampicin, clofazimine and dapsone. He is under monitoring.
Discussion
Histoid leprosy is an expression of multibacillary leprosy characterized by the occurrence of nodules and/or plaques in the skin or the subcutaneous tissues over an apparently normal skin with unique histopathology and characteristic bacterial morphology. Wade described this pattern in 1960 and 1963 in patients from the Phillipines who had been treated with sulfones for a short period. It is so called because the microscopic appearance shows spindle shaped cells resembling those in a dermatofibroma. It occurs in lepromatous patients who relapse after dapsone monotherapy, in the presence of dapsone resistance or at times de novo. Patients have relapsed as histoid leprosy, also after taking MDT consisting of dapsone, rifampicin and clofazimine for 2 years. Incidence among the Hansen patients is 2.8 percent to 3.2 percent. There is male preponderance and the average age affected is between 21 and 40 years. Clinically it is characterized by multiple discrete shiny, smooth, painless, succulent, globular, firm, skin coloured to yellow brown nodules and papules on normal appearing skin. The nodules may be cutaneous or subcutaneous which occur over the extensor surface of the extremities, back, buttocks and face. Ears may be unaffected. Two types of histoid facies can be seen in this patients. The first type is seen as the old, wrinkled, atrophic facial skin, relics of a burnt out lepromatous leprosy, with scanty/absent eyebrows and sometimes with depressed nasal bridge and eye changes. The second type of facies is essentially the apparently normal face without any manifestation of leprosy. They may be localized to the eyebrows and knees. Occasionally, lesions simulate molluscum contagiosum. Histoid lesions have been reported in the nerve, present as non tender, firm, freely mobile nodular swellings along the course of the peripheral nerve trunks and cutaneous nerves. As the histoid bacilli are dapsone resistant, these nodules in the nerves assume significance and therefore, it is advisable to look for nodules along the course of the peripheral nerves in all borderline lepromatous and lepromatous leprosy patients. Erythema nodosum leprosum rarely occurs in histoid Hansen. Silt skin smear from histoid lesions shows abundant acid fast bacilli occurring in clusters, singly or tightly, packed in macrophages. The bacilli appear long with tapering ends, when compared to ordinary lepra bacilli. Bacteriological index may be 5+ to 6+ and morphological index may be very high too. Classical histopathological findings include epidermal atrophy as a result of dermal expansion by the underlying leproma and an acellular band (Unna band) located immediately below the epidermis. This dermal expansion of histiocytes pushes aside the dermal collagen resulting in the formation of pseudo capsule. The leproma consists of fusiform histiocytes arranged in a whorled, criss-cross or storiform pattern. These histiocytes resemble fibroblasts and it is suggested that these fibroblast-like macrophages may have arisen from tissue histiocytes rather than from blood monocytes. Within the mass of spindle shaped histiocytes, there are islands of large, a little more rounded histiocytes which are called the “histoid habitus”. There are three histological variants of Histoid Hansens namely pure fusocellular, fusocellular with epitheloid component, and fusocellular with vacuolated cells. The third pattern is most commonly observed. Differential diagnosis of histopathology of Histoid Hansen includes dermatofibroma, neurofibroma and fibrohistiocytoma. The Fernandez-Mitsuda reaction is negative. This case is a classical presentation of histoid Hansen occurring de novo. Usually, histoid nodules occur over the extensor surface of the extremities, back, buttocks and face. Our patient presented with nodules all over the body including genitalia. The silt skin smear and histopathological examination confirms the diagnosis.

Conclusion
In this phase of elimination of leprosy, it is essential to continue the surveillance for new case and relapse cases, rather than to wait for voluntary reporting. Early diagnosis and complete treatment is very important to achieve our goal of elimination of leprosy

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