

## LEPROSY AND GRANULOMA ANNULARE IN THE SAME PATIENT

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During January, 1954 I was asked by a colleague to see and suggest diagnosis and therapy for an attractive woman of American parentage, 42 years old, who was in an excellent health except for skin lesions on her lower extremity. These lesions had been present for a number of years and were gradually increasing in both number and size, the largest being 12 cm. in diameter and the smallest approximately 3 mm. They were slightly raised and of a mild inflammatory appearance. The edges, although distinct, were not sharply defined.

During the past three years the patient had spent a great deal of time in various clinics. The most recent tentative diagnosis was necrobiosis lipoidico diabeticorum. This diagnosis was tentative, since the appearance of the lesions did not have the characteristic yellowish appearance with a depressed center, and there was no diabetic tendency.

Her history was not significant except for her residence in Tampa, Florida previous to 1951. This region is considered by some to be endemic for leprosy.

The appearance of the lesions suggested the possibility of tuberculoid leprosy, and a number of skin smears were made by tattooing deep into the corium with a blunt needle after thoroughly cleansing the surface. All of these smears were rich in acid-fast organisms having the appearance of the Hansen bacillus. The patient was advised of the possibility of leprosy, and treatment was immediately started with Diamidin (diaminodiphenylsulfone). The patient, however, was over-anxious to hurry the treatment and took double the dose prescribed, with the result that she soon developed signs of hemolytic anemia. To keep this from recurring, the Diamidin was withdrawn and she was placed on Promacetin, which is free of toxicity, one gram three times daily.

Skin smears were repeated every three months, and a gradual reduction in the number of acid-fast bacilli was noted. By October (about nine months from the time she was first seen) the smears were negative, but treatment was continued until March 1955. During these five months repeated smears remained negative.

In spite of the bacteriological negativity, the lesions did not disappear or even decrease in size. Their appearance, however, changed considerably. They lost their inflammatory aspect and tended to flatten out, and they assumed a slight bluish tinge. Naturally, both the patient and the physicians observing the case were concerned because the lesions per-

sisted. At this time a biopsy specimen was taken and studied both for acid-fast organisms and histologically. A presumptive diagnosis of granuloma annulare was made.

By the use of various agents with adrenocorticoid activity the lesions were cleared. This treatment was carried out by a colleague after my contact with the case was terminated. I have no details of this therapy beyond the fact that the patient was treated with parenteral cortisone and ACTH, hydrocortisone ointment, and oral Metacortin. I understand that she has had a relapse in the last few months, but because she has left the state her condition is known only from correspondence.

It would be interesting to know if similar confusing cases have been encountered in other territories.

#### RESUMEN

Esta es una nota clínica relativa a un sujeto en el que, después de muchas visitas a varias clínicas, se hizo por fin el diagnóstico de lepra. Las lesiones eran de aspecto tuberculoideo, pero intensamente positivas por bacilos en todos los frotos. Con la sulfonoterapia, los bacilos desaparecieron en término de unos nueve meses, después de lo cual los frotos se mostraron repetidamente negativos.

No obstante, las lesiones persistieron, sin disminuir de tamaño, pero con considerable cambio en su aspecto. En el examen histológico, se diagnosticaron presuntivamente como granuloma anular.

Sugiere que sería interesante saber si en otras partes se had encontrado casos que ocasionaran confusión semejante.