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
lipoidica diabeticorum. This diagnosis was tentative, since the appear­
ance 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 appear­
ance of the Hansen bacillus. The patient was advised of the possibility
of leprosy, and treatment was immediately started with Diamidin (dia­
sone). 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Diamidin was withdrawn and she was placed on Promacetin, which is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 reduc­
tion 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 consider­
ably. 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 tuberculideo, pero intensamente positivas por bacilos en todos los frotes. Con la sulfonoterapia, los bacilos desaparecieron en término de unos nueve meses, después de lo cual los frotes 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.

Sugeríase que sería interesante saber si en otras partes se hubo encontrado casos que causaran confusión semejante.