

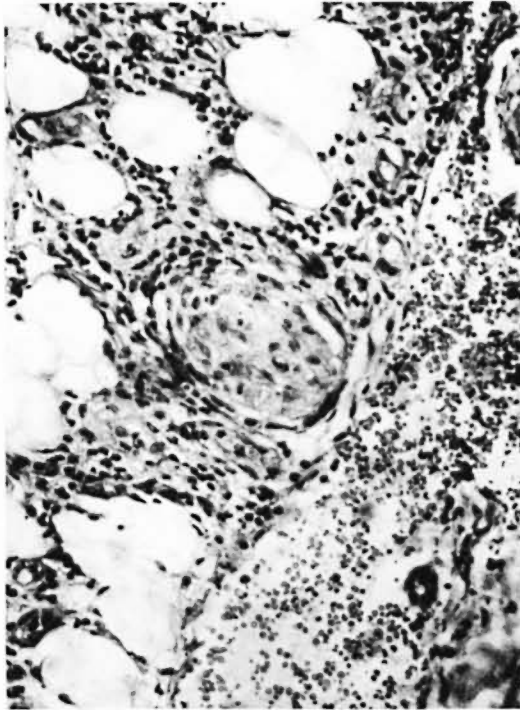
ENL in Histoid Leprosy

TO THE EDITOR:

Your attention is drawn to the occurrence of erythema nodosum leprosum (ENL) in histoid leprosy which has hardly been documented thus far in the literature. We recently had an established case of histoid leprosy⁽³⁾ on multiple drug therapy, comprising 100 mg each of dapsone and clofazimine and 600 mg of rifampin daily. In the course of treatment, the patient developed mildly erythematous, deep-seated mobile and tender nodules of the size of an almond located

over the extensor aspects of the extremities. They were associated with constitutional symptoms, namely, low-grade irregular fever with diurnal variation and fleeting joint pains.

Hematoxylin-eosin (H&E) stained sections from an ENL nodule revealed an intense infiltrate of polymorphonuclear leukocytes surrounding and/or infiltrating the blood vessels of the subcutaneous tissue. The blood vessel changes were, however, cardinal and consisted of marked edema and



THE FIGURE. Intense polymorphonuclear infiltrate in and around the subcutis blood vessels (H&E $\times 400$).

swelling of the endothelial lining (The Figure). An extravasation of red blood cells (RBC) was also seen. Marked edema of the dermis with disruption of collagen fibers was another feature.

Both the early and late lepromin (lepromin A, armadillo derived, containing 40 million bacilli per ml) reactions read after 48 hours and four weeks, respectively, were negative. Total T and B lymphocytes were 69% (1219.9/mm³) and 20% (353.6/mm³), respectively. The total leukocyte count was 6800/mm³; while the differential leukocyte count was: polymorphs, 70; lymphocytes,

26; eosinophils, 2, and monocytes, 22. The immunoglobulins estimated were IgG (2042 mg/dl), IgA (321 mg/dl), IgM (237 mg/dl), and the C3 level was 50 mg/dl in the serum. Circulating immune complexes (¹) were present in the serum and had a fairly high total protein concentration (5.007 mg/dl). Cryoglobulins were also found.

The importance of the infrequent occurrence of ENL in histoid leprosy may lend support to our observations (²) that histoid is a relatively stable component of multi-bacillary leprosy.

—V. N. Sehgal, M.D., M.A.M.S.

Professor and Head

—G. Srivastava, M.B.B.S.

—R. K. Gautam, M.B.B.S.

Junior Residents

—R. V. Koranne, M.D., D.V.D.

Assistant Professor

*Department of Dermatology
and Venereology*

*Maulana Azad Medical College
and Associated LNJP and
GB Pant Hospitals*

New Delhi, India

REFERENCES

1. SAHA, K., CHAKRABARTY, A. K., SHARMA, V. K. and SEHGAL, V. N. Polyethylene glycol precipitates in serum during and after erythema nodosum leprosum—study of their composition and anticomplementary activity. (Letter) *Int. J. Lepr.* **52** (1984) 44–48.
2. SEHGAL, V. N. and SRIVASTAVA, G. Position of histoid on leprosy spectrum. A clinical, bacteriological, histopathological and immunological appraisal. *Dermatologica* (in press).
3. SEHGAL, V. N., SRIVASTAVA, G., KORANNE, R. V. and BEOHAR, P. C. Histoid leprosy/*Mycobacterium leprae* histiocytoma (cutis). *Dermatologica* (in press).