

## Arthus-like Phenomenon and Lepromin A—a Case Report

### TO THE EDITOR:

We would like to report a case of hyperactive reaction to lepromin A in a polar tuberculoid (TT) leprosy patient.

A female patient reported to our clinic with an erythematous, anesthetic, well-defined patch on the left maxillary area, 2 × 2 cm in size. Skin smears were taken from four sites: right elbow, left elbow, forehead, and patch. The bacterial index (BI) was negative. A biopsy was not done because of the location of the lesion. On clinical and bacteriological evidence the patient was classified as TT. A lepromin test was performed on the left forearm 5 cm distal to the cubital fossa. Lepromin (kindly supplied by Dr. R. C. Hastings, GWL Hansen's Disease Center, Carville, Louisiana, U.S.A.) was injected with a Dermo-O-Jet standardized to inject 0.1 ml with every shot. Fourteen days later the patient reported to our clinic with



FIG. 1. Ulceration of tuberculoid lesion of the face.

a) an ulcer covering the whole of the original erythematous patch on the left maxillary area and extending 1 cm beyond the original margin (Fig. 1), and b) a large ulcer over the left forearm (Fig. 2). The ulcer was shaped like a doughnut of variable width whose internal margin had a radius of 5 cm; the



FIG. 2. Ulcer at site of lepromin A injection with Dermo-O-Jet.

center of the internal ring appeared to be the original site of the lepromin injection. Both internal and external borders of the ulcer were irregular, elevated, and perpendicular to the base; both ulcers were covered with an eschar. No systemic symptoms or signs were noted. The supratroclear lymph node was enlarged and tender; the axillary nodes were just palpable. The patient was treated with broad-spectrum antibiotics and care of the wound. After 7 days most of the eschar had fallen off (photographs were taken at this time), and the lesion healed with minimal scarring in about 3 weeks. (Figures are self-explanatory.)

Such a hyperactive reaction to lepromin A, to our knowledge, has not been reported and, in any case, such extensive ulcerations following a lepromin injection are not very

common. The patient refused to undergo biopsy of the ulcer or any blood test.

It is interesting to note that ulcers developed—one on an area previously occupied by a TT patch and the other 5 cm away from the site of the lepromin injection. A few hundred patients have been injected with the same Dermo-O-Jet but only this patient reported with a hyperactive reaction. We report the case for its peculiar features.

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