

CORRESPONDENCE

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Trigeminal Trophic Syndrome in Hansen's Disease

TO THE EDITOR:

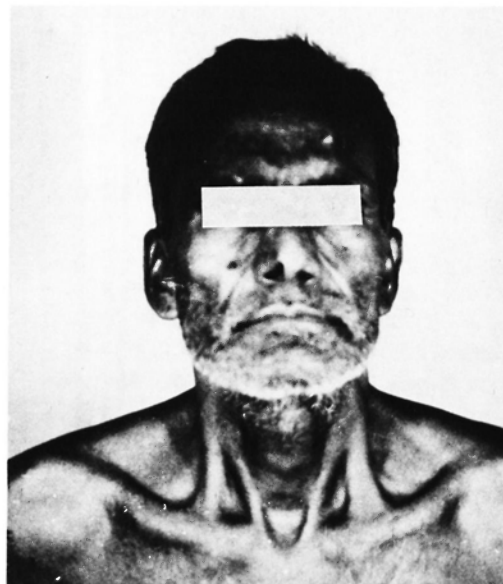
A 60-year-old man, a known case of mid-borderline Hansen's disease, was seen for facial nerve palsy. There was no history of transient ischemic attack, convulsion, dimness of vision, or herpes zoster. On examination, he had features of Hansen's disease—left-sided facial palsy of lower motor neuron type and anesthesia over the trigeminal area, loss of corneal reflex and destruction of the ala nasi on the right side (The Figure). A clinical diagnosis of Hansen's disease with trigeminal trophic syndrome was made. A neurologist's opinion was sought to exclude other causes of facial and trigeminal nerve involvement which ruled out the possibility of any organic cause in the brain attributable to the nerve damage (both trigeminal and facial). A slit-skin smear for acid-fast bacilli was negative. The patient is being treated with the multidrug regimen for multibacillary Hansen's disease and is being followed up.

The trigeminal trophic syndrome is an uncommon clinical entity presenting with trophic ulcer(s) over the already anesthetic or paraesthetic area of the trigeminal nerve distribution beginning in the ala nasi. It results from destruction of the fibers that carry pain and temperature senses, and is due to various causes such as disease, injury, or surgery (1).

The lesions producing such destruction may be of central or peripheral origin (3). The central connection of the trigeminal nerve may be affected by tumors, syringobulbia, multiple sclerosis, or occlusion of the posterior cerebellar artery. The periph-

eral causes encountered are tabes dorsalis, granulomatous meningitis, tumors of the nerve, pressure from without on the nerve, fracture of the base of the skull, and alcohol injection into the gasserian ganglion. The dermatological diseases giving rise to such changes are herpes zoster and Hansen's disease.

As a result of trauma to the anesthetic or paraesthetic area, a crusted ulcer begins usually in the ala nasi of the affected side. If further trauma is not prevented, the ulcer extends to even destroy the nasal cartilage.



THE FIGURE. Destruction is seen of the right ala nasi with trophic ulcerations on the same side; note hypopigmented patch on left shoulder.

The ulceration may spread to the adjacent anesthetic areas as well, and these ulcers easily may be mistaken for basal-cell epitheliomas because of the site and crusting. Due to their bizarre clinical appearance, they may even simulate dermatitis artifacts. Bleeding, scarring, and deformity are the troublesome complications of such ulcers. In addition to cutaneous ulcers, corneal anesthesia may also be noted (particularly in patients whose trigeminal trophic syndrome is secondary to Hansen's disease).

Although trophic changes in the trigeminal area have been reported to result from various causes such as the injection of alcohol into the gasserian ganglion (2), their occurrence secondary to Hansen's disease, as in our case, is very rare. To the best of our knowledge, no textbook on Hansen's disease includes trigeminal trophic syndrome as one of the trophic complications of leprosy.

—Jayakar Thomas, M.D., Ph.D.

Assistant Professor

—S. Parimalam, M.B.B.S., D.D.

Postgraduate Student

—G. Thamarai Selvi, M.B.B.S.

Postgraduate Student

—S. M. Augustine, M.D.

Additional Professor

—T. C. Muthuswami, M.D.

Professor

Department of Dermatology

and Leprosy

Government General Hospital

Madras 600003, India

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