

## Infected Trophic Ulcers and Tenderness of Posterior Tibial Nerve in Cured Leprosy Patients

TO THE EDITOR:

Tenderness of the nerves is traditionally taught as a sign of activity of the infection in leprosy (<sup>1</sup>). A peculiar condition arises in patients who have completed multidrug therapy and are cured except for residual nerve damage affecting the posterior tibial nerve. These patients continue to suffer from trophic ulcers on their anesthetic feet if they

do not take proper care of them. These patients, when they present with recurring trophic ulcers, demand antileprosy therapy thinking that their disease is still active. When one palpates the posterior tibial nerve in a patient with an infected trophic ulcer on the sole of the foot, tenderness is often elicited. However, this tenderness subsides when the patient is treated with an appropriate antimicrobial for the secondary infection in the ulcer. This is most probably due to the fact that the tenderness elicited while palpating the nerve is due to the inflamed lymphatics closely related to the nerve behind the medial malleolus. The inguinal lymph nodes are also enlarged and tender in these patients and subside after antimicrobial therapy. It is well known that the lymphatics draining the deeper tissues of the foot accompany the posterior tibial vessels which are closely related to the nerve<sup>(2)</sup>.

We suggest that for a patient who has completed multidrug therapy for leprosy and

then presents with an infected trophic ulcer on the sole, the tenderness of the posterior tibial nerve should be interpreted only after the secondary infection in the ulcer is controlled. Otherwise this tenderness may be misinterpreted as a sign of activity of leprosy or a relapse or a delayed reversal reaction. This could lead to an unnecessary institution of antileprosy therapy.

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## REFERENCES

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