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# FILARIAL MANIFESTATIONS SIMULATING LEPROSY

BY S. N. CHATTERJI, M.B., D.T.M., (CAL.)

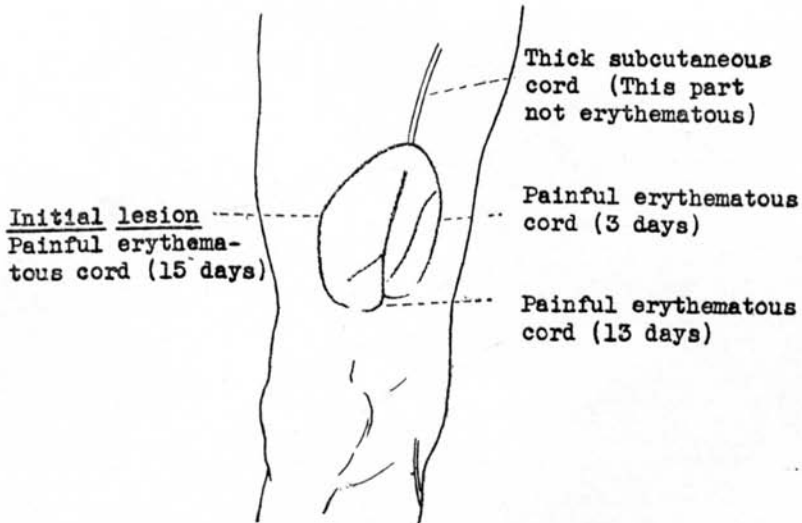
*Leprosy Research Department, School of Tropical Medicine,  
Calcutta*

Filarial elephantiasis is rarely confused with edema of the feet and legs due to reacting leprous lesions. Occasionally an en-

larged epitrochlear gland may be mistaken for localized thickening of the ulnar nerve. The following two cases of filariasis very closely simulated leprosy.

CASE 1 (S.C.D.).—The patient, aged 26 years, received treatment in the filariasis department of the Calcutta School of Tropical Medicine for some time and was then sent to the skin department for attention to a patch on his right thigh. He was at last sent to our clinic on suspicion of leprosy.

The center of the patch, which was of 15 days duration, was pale and flat, the margin narrow, raised and erythematous, with a sharp, well-defined edge. To all external appearances it looked like a typical tuberculoid lesion of leprosy, but to our astonishment we could not find any superficial anesthesia or analgesia to pin prick, even in the center of the patch. A slit smear from the margin was negative for acid-fast bacilli.



TEXT-FIG. 1.—Area on thigh encircled by erythematous cords due to inflamed and thickened lymphatics, Case 1.

On palpation it was found that the raised erythematous border was due to inflamed and thickened lymphatics. These had not appeared on the same day, but one after the other. These lymphatics encircled an area on the thigh and gave the appearance of a patch (Plate 6, fig. 1 and Text-fig. 1). On examination of the inner side of the right thigh we found that there was a thick cord which might have been the enlarged internal femoral cutaneous nerve. The thickened lymphatics of the patch were connected with this structure, which was not a nerve but a larger lymphatic vessel.

*Previous history:* There was no previous history of lymphangitis or orchitis, and there had been no frank chill or fever. About fifteen days previously the patient had been slightly indisposed, the indisposition lasting for two or three days. Soon after that he noticed that a part of the right thigh was erythematous. The inguinal glands were palpable but not definitely enlarged or tender.

CASE 2 (K.P.B.).—This case was rather a puzzle to a doctor in charge of a leprosy clinic and the patient was sent to us for opinion. There was a thick, elongated cord on the inner side of right arm, and in one part of that there was a round and soft swelling. At first sight it looked like the thickened ulnar nerve with an abscess (Plate 6, fig. 2).

*History:* About five months previously the patient noticed a swelling at the inner side of right arm, which gradually became bigger. There was no history of fever or lymphangitis. Lymphatic glands were not enlarged.

*Examination:* There was no superficial anesthesia in the distribution of the right ulnar nerve. That nerve, quite normal, could be palpated by the side of the cord described. The case was diagnosed as one of filariasis and was referred to Dr. Sundar Rao, research worker in filaria, who reported: "A case of filarial cyst of the lymphatic vessel. The lymph shows microfilaria."

*Discussion.*—Of the three diagnostic signs of leprosy, superficial anesthesia, acid-fast bacilli and thickened cutaneous nerves, the first two were absent in the first of the cases here recorded. In a case of leprosy in which the first two signs are absent but the cutaneous nerve in connection with the patch is definitely thickened, a positive diagnosis is made. In the first case discussed we fortunately could make out that the thick cord at the inner side of the right thigh was not a nerve, otherwise we would have been led to a wrong diagnosis. The history of the case also was unlike that of leprosy, and was typical of lymphangitis.

The second case presented what looked like a typical abscess of the ulnar nerve, having a slightly abnormal course. But as there was no macule, and no anesthesia in the distribution of the ulnar nerve, we were cautious about the diagnosis. Careful examination revealed that the ulnar nerve was not thickened and that the cord which was present was a lymphatic vessel.

#### DESCRIPTION OF PLATE

##### PLATE 6

FIG. 1. Marginate filarial lesion of thigh, simulating a tuberculoid leprotic patch; Case 1. (See Text-fig. 1.)

FIG. 2. Filarial swelling on the inner side of right arm, associated with an elongated cord, simulating an abscessed leprotic ulnar nerve. (Photograph taken with arm horizontal on table.)



PLATE 6