

Regarding Mohamed, Facial Lesions Resembling to Leprosy

TO THE EDITOR:

In a recent letter concerning patients with facial lesions mimicking leprosy, K. B. Mohamed (⁴) proposed a diagnosis combining gangosa and goundou syndrome in one case (no. 2). Gangosa syndrome is a destructive ulcerative rhinopharyngitis that can occur in the late stages of endemic treponematosis. In France, gangosa syndrome was observed at the end of the 19th century in association with syphilis (¹). The case presented in the letter is consistent with this condition. However, the diagnosis of goundou syndrome seems unlikely in our opinion.

Goundou syndrome is a clinical form of recent yaws characterized by the presence of either a tumorous swelling involving the paranasal bones that is usually symmetrical or of diffuse hypertrophy of the whole nasopalatine region, therefore, the name given to the condition in West Africa, i.e., N'goundou meaning “big nose” (Fig. 1 and 2). This treponeme-related osteoperiostitis begins in the early phase of primary infection (usually during childhood) and slowly grows, ultimately causing obstruction of the visual field and, in diffuse forms, of the respiratory and digestive tracts. Goundou syndrome is not associated with bone necrosis



FIG. 1. Paranasal Goundou, Côte d'Ivoire, 1916
(Coll. IMTSSA, Le Pharo, Marseille, France).



FIG. 2. Diffuse Goundou, Côte d'Ivoire, 1917
(Coll. IMTSSA, Le Pharo, Marseille, France).

and, to our knowledge, none of the 137 cases reported in the literature notably by P. Botreau-Roussel (^{2,3}) was associated with gangosa.

Destruction of the nasal region in Dr. Mohamed's patient probably led to skin folding or may have been accompanied by a mild periosteal reaction, but there are no grounds for diagnosis of goundou syndrome.

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