

## BRIEF REPORTS

*The purpose of this department is to facilitate the reporting of interesting cases and observations that otherwise might not be recorded.*

### PSEUDO-RAYNAUD'S DISEASE IN LEPROSY

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The following case of lesions of the hands that simulated Raynaud's disease may be worth recording.

A woman, aged 30 years, was admitted to this asylum in January, 1939, suffering from the neural type of leprosy (N3), with slight but typical mutilations of both feet. The hands, arms and lower legs were anesthetic to touch and temperature sensation. There were no patches or other skin lesions. On routine examination of the nasal septum no bacilli were found. Blood counts, blood pressure, feces and urine were all normal, though the Kahn test was positive. The sedimentation test showed a marked increase of the sedimentation rate (35 mm. per hour). The patient first observed anesthesia of the legs 5 years ago; since then that condition has been increasing and mutilations of the feet have developed slowly. She had given birth to three healthy children. Six years ago she had suffered from beriberi.

On admission it was found that the finger tips of the right hand, and to a lesser degree those of the left hand, were black, cold and dry, the condition being well demarked from the healthy skin (Fig. 1). At first glance it appeared to be a typical case of Raynaud's gangrene, especially since the patient stated that the condition had come and gone in repeated attacks for the previous eleven months. The attacks were never painful, but that could easily be accounted for by the anesthesia caused by leprosy.

Within the next two weeks the cold, acroteric areas became smaller and retracted in a well-limited, hat-like form towards the finger tips (Fig. 2). There was no indication of infection, no odor or suppuration. Four weeks after admission the symptoms had completely disappeared. The finger tips, including the nails, looked perfectly normal.

A week later blisters appeared on the sides of the fingers, later at the tips (Fig. 3), and the patient now told us that the condition had always begun like that. The further development was, briefly, that the serous, yellowish fluid of the blisters became hemorrhagic and gradually dried until a stage like the first phase of our observation was reached.

This case cannot be considered one of Raynaud's disease, as blister formation does not occur in that condition. What happens is that the drying up of a trophic blister with hemorrhagic exudate produces a clinical picture superficially resem-

bling Raynaud's disease. I am not aware that such a condition has been described before. It is possible that Leloir's gangrenous trophoneurosis of the skin in lazarine leprosy was similar to it, though in our case there was no gangrene at all. It would be of interest to know whether or not real Raynaud's disease has ever been seen in lepers, and it would be of value if colleagues in other parts were to search their clinical material for such a case.

DESCRIPTION OF PLATE

PLATE 16

FIG. 1. Hand as seen on admission, finger-tips black, cold and dry, resembling Raynaud's disease.

FIG. 2. Condition two weeks later, the affected area having diminished in extent.

FIG. 3. Bullae on fingers, in an acute recurrence of the condition.



PLATE 16