

PSEUDO-RAYNAUD'S DISEASE IN LEPROSY

TO THE EDITOR:

In the April-June, 1940, issue of THE JOURNAL [7 (1939) 395] Dr. E. Muir, in discussing the article by Dr. M. J. Oberdoerffer entitled "Pseudo-Raynaud's Disease in Leprosy," makes the following observation: "Without further confirmation of the diagnosis I should question the opinion that it was leprosy at all." The patient under question, Nang Kam, a woman some 40 years of age, was admitted to this asylum for treatment on January 18, 1939. I have made a careful examination of this patient, paying special attention to the condition of the main nerves and the presence of "actual or past leprids in the body."

Both ulnars are only slightly enlarged. Anesthesia of the arms is more extensive than expected, involving the extensor

surface of both arms from below the elbows to the tips of the small fingers. The appearance of the skin on the arms and upper body is normal. There are no signs of actual or past leprids.

The lower legs and feet, however, present an entirely different picture. Both peroneal nerves are greatly enlarged and there is almost complete anesthesia from the knees downward. The toes of both feet are badly contracted, and there are perforating ulcers on the soles of the feet. There are scars on both legs but I am unable to determine their true nature; the only information I have been able to get from the patient is that they were boils which finally healed over. She was diagnosed as a case of neural leprosy upon entry, and this diagnosis is now confirmed.

There has been no recurrence of the condition described by Dr. Oberdoerffer, after its final disappearance some two or three months after admission. No special treatment was given. The patient received the routine injections of chaulmoogra oil and other medication as needed for other ailments, such as malaria.

Recently another patient was admitted who, on examination, was also found to have pseudo-Raynaud's disease. This case was most interesting, since several stages in the development of this disease could be seen. One blister was evidently new, another was beginning to dry, and the last one had already broken and peeled, showing normal skin underneath. These blisters appeared to be much the same as any ordinary blister save for the black color. The patient said that there was no pain or discomfort. Upon questioning it appears that he has been suffering from leprosy for twelve years and from pseudo-Raynaud's disease for the past four or five years. The condition persists for two or three months, then disappears only to reappear a few months later. The diagnosis in this case is lepromatous with very little nerve involvement. These two cases are reported because they are rather unusual, one being found in a case of neural leprosy the other in a lepromatous case.

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