

Clinical features and diagnosis

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The disease is slowly progressive and affects the skin, upper respiratory tract and peripheral nerves. In tuberculoid leprosy, the damage to tissues occurs early and is localised to one part of the body, with limited deformity of that organ. Neural involvement is characterised by thickening of the nerves, which are tender. There may be asymmetrical well-defined anaesthetic hypopigmented or erythematous macules with elevated edges and a dry and rough surface – lesions called leprids. In lepromatous leprosy, the disease is symmetrical and extensive. Cutaneous involvement occurs in the form of several pale macules that form plaques and nodules called lepromas. The deformities produced are divided into primary, which are caused by leprosy or its reactions, and secondary, resulting from effects such as anaesthesia of the hands and feet. Nodular lesions on the face in the acute phase of the lepromatous variety are known as ‘leonine facies’ (looking like a lion). Later, there is wrinkling of the skin, giving an aged appearance to a Gerhard Domagk, 1895–1964, German physician, Lecturer in Pathologic Anatomy, University of Munster, Germany, discovered prontosil in 1935, for which he was awarded the Nobel Prize in Physiology or Medicine in 1939. of the lateral cartilages and septum of the nose with collapse of the nasal bridge and lifting of the tip of the nose (Figure 6.17). There may be paralysis of the branches of the facial nerve in the bony canal or of the zygomatic branch. Blindness may be attributed to exposure keratitis or iridocyclitis. Paralysis of the orbicularis oculi causes incomplete closure of the eye, epiphora and conjunctivitis (Figure 6.18). The hands are typically clawed - (Figure 6.19) because of involvement of the ulnar nerve at the elbow and the median nerve at the wrist. Anaesthesia of the hands makes these patients vulnerable to frequent burns and injuries. Similarly, clawing of the toes (Figure 6.20) occurs as a result of involvement of the posterior tibial nerve. When the lateral popliteal nerve is affected, it leads to foot drop, and the nerve can be felt to be thickened behind the upper end of the fibula. Anaesthesia of the feet predisposes to trophic ulceration (Figure 6.21), chronic infection, contraction and autoamputation. Involvement of the testes causes atrophy, which in turn results in gynaecomastia (Figure 6.22). Confirmation of the diagnosis is obtained by a skin smear or skin biopsy, which shows the classical histological and microbiological features. Summary box 6.13 Leprosy: diagnosis /uni25CF /uni25CF /uni25CF /uni25CF

Typical clinical features and awareness of the disease should help to make a diagnosis The face has an aged look, with collapse of the nasal bridge and ocular changes Thickened peripheral nerves, patches of anaesthetic skin, claw hands, foot drop and trophic ulcers are characteristic Microbiological examination of the acid-fast bacillus and typical histology on skin biopsy are confirmatory

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