CASE REPORT

Lepromatous Leprosy Simulating Sweet Syndrome

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Abstract

Leprosy or Hansen's disease is an infection by Mycobacterium leprae (M. leprae), whose prevalence has considerably decreased since the application of the new anti-leprosy strategies advocated since 1982 by the World Health Organization (WHO). However, in the endemic countries several cases of leprosy are reported annually. We report a clinical case of lepromatous leprosy revealed by disseminated maculopapular lesions simulating a Sweet syndrome highlighting the importance of knowing how to evoke this diagnosis in patients from endemic areas.

Keywords

Lepromatous leprosy, Rash, Sweet syndrome

Introduction

Lepromatous leprosy is generally manifested by non-inflammatory lesions, hypochromic macules, and progressive erythematous papulo-nodules. We report an observation of lepromatous leprosy in a 62-year-old patient from rural Morocco who was diagnosed with maculopapular lesions.

Case Synopsis

A 62-year-old patient having a history of prostate adenocarcinoma for one year, had consulted in dermatology for disseminated erythematous skin lesions affecting the face, trunk, upper limbs and lower limbs evolving for two months. Dermatological examination revealed erythematous macular erythematous lesions on the face, papulo-nodular lesions on the face, hands and forearms (Figure 1a and Figure 1b), infiltrated lesions in the left elbow as well as annular lesions in the abdomen (Figure 2a and Figure 2b). The neurological examination showed hypoesthesia in gloves and socks, with bilateral hypertrophy of the ulnar nerve. Acid-fast bacillus test showed bacillus with bacterial index (BI) of +6. Histology favored lepromatous leprosy (Figure 3). The electromyogram revealed a sensory-motor axon polyneuropathy of the lower limbs. A multidrug therapy combining dapsone (100 mg per day), rifampicin (600 mg per month) and clofazimine (50 mg per day) was recommended and followed for 12 months. The evolution was marked by the partial disappearance of the cutaneous lesions after of treatment for two months and almost total disappearance after five months (Figure 4).
multi-drug therapy consisting of dapsone, rifampicin and clofazimine [4].

In our patient, the diagnosis of leprosy was not obvious in front of this polymorphous clinical picture, so a paraneoplastic sweet syndrome was evoked in front of the presence of maculopapular erythematous lesions in the face and the upper limbs, seen the history of prostatic adenocarcinoma evolving for a year (cases of sweet syndrome secondary to neoplasia have been reported in the literature), nevertheless the presence of annular lesions at the abdominal level and the sensory neurological damage at the extremities made it possible to confirm the diagnosis of lepromatous leprosy. Histology confirmed the diagnosis.

This observation confirms the fact that this pathology is generally unknown in countries with low endemicity making diagnosis difficult. Interview and a complete clinical examination are crucial for early diagnosis and treatment, which is the only way to avoid long-term complications.

**Conclusion**

Leprosy is characterized by a clinical polymorphism. It is a pathology that is not yet eradicated, hence the need to discuss this diagnosis with medical personnel from endemic areas.

**References**