Dermatology Practical & Conceptual

Type 2 Lepra Reaction with Borderline Lepromatous Leprosy

Qiuping Chen[1], Jifeng Liu[1]

1 Department of Dermatology, Hangzhou Third People's Hospital, Hangzhou, Zhejiang, People's Republic of China

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Corresponding Author: Jifeng Liu, ID, Department of Dermatology, Hangzhou Third People's Hospital. ORCID ID: 0000-0001-6556-2440. E-mail: fliu8166@126.com

Case Presentation

A 37-year-old female was admitted due to recurrent erythema, papules, and nodules over her body for six months and intermittent fever for two months. Physical examination revealed erythematous papules and plaques on the limbs and trunk (Figure 1A) and erythematous nodule on the earlobe (Figure 1B). The skin examination showed high-density leprosy bacilli (2+). Histopathological examination of the skin tissue showed lymphocyte and histiocyte infiltration around the blood vessels (Figure 1C). A diagnosis of type 2 leprosy reaction with borderline lepromatous leprosy was made.

Teaching Point

Type 2 lepra reaction is an acute inflammatory response triggered by immune complex deposition during the course of leprosy, most commonly occurring in patients with lepromatous (LL) or borderline lepromatous (BL) leprosy. Skin symptoms are painful red nodules or papules on the limbs or trunk, which may ulcerate and suppurate [1]. The first-line drugs are thalidomide and prednisone [2], so the patient was treated with oral thalidomide and prednisone, along with multidrug therapy for leprosy. The erythema nodosum basically subsided after three months.

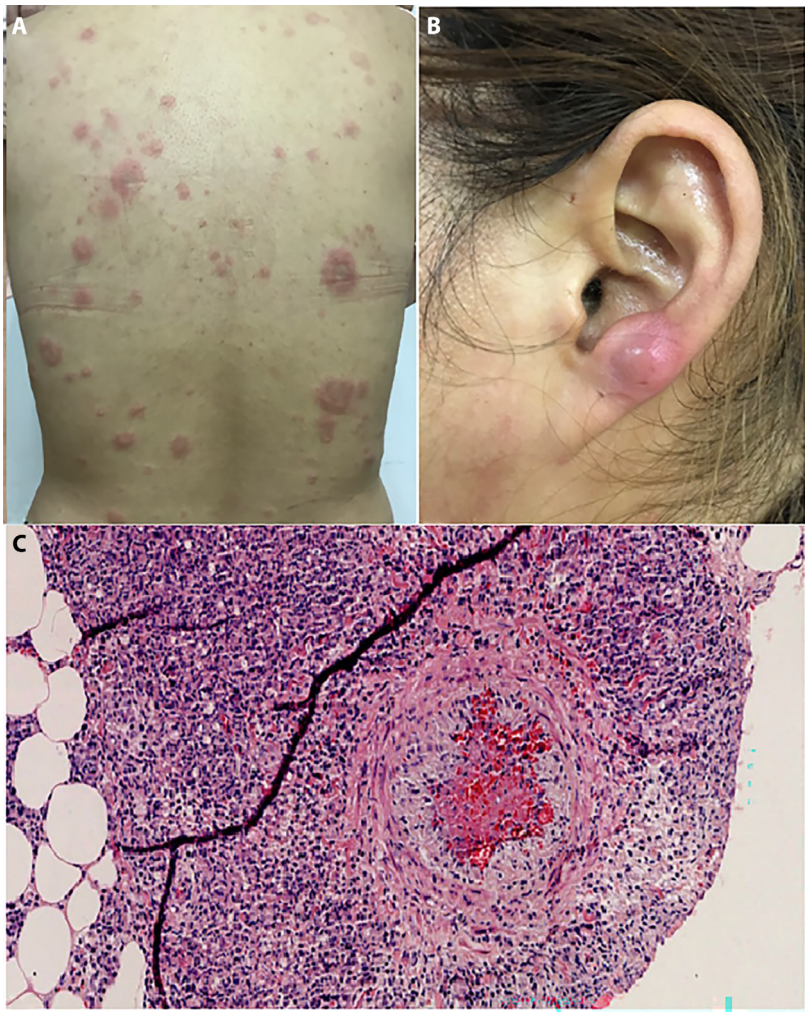

Figure 1. (A) Multiple erythematous papules and plaques on the trunk. (B) Erythematous nodule on the earlobe. (C) Histopathology (H&E, x100): Subcutaneous fat shows vascular embolism with infiltration of tissue cells and lymphocytes.

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