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Letter

Letter in response to paper by Guliankar et al – 'A Rare Case of Erythema Nodosum Leprosum Presenting Clinically as Type 1 Reaction'

D Kamat[1], T Narang[2], S Dogra[3], B Kumar[4]

We have read with keen interest, the paper by Guliankar et al - 'A Rare Case of Erythema Nodosum Leprosum Presenting Clinically as Type 1 Reaction' (Gulanikar et al 2020). We do not agree with the ambiguity with which the authors interpreted the findings and feel that the title of the paper is misleading - ENL presenting as Type 1 reaction. The patient presented with diffuse infiltrative lesions on the face, trunk and extremities with 3 years history of recurrent, red, painful, nodular lesions with systemic symptoms of body aches and fever. Examination confirms the infiltrative lesions spread all over the body, madarosis, thickened nerves, impaired peripheral sensations, facial and pedal edema, eye involvement, Grade 2 disability and trophic ulcer- features suggestive of sub-polar LL disease in ENL reaction. The disease downgraded many months/years back as the patient also had experienced difficulty in buttoning and slippage of footwear since more than 1½ year. The large lesion on the trunk with central sharp margin is a lesion of BB leprosy which indicates the down-grading of the disease.

All the features enumerated by the authors of recurrent, symptomatic eruptions with systemic features are classical of ENL - and not of type 1 reaction. The authors have themselves enumerated the differences between the two types of reactions - Type-1 reaction with limited, asymmetric involvement with hardly any systemic symptoms and Type 2 reaction with wide spread involvement along with systemic symptoms. We agree that in certain situations there may be overlap between type 1 and type 2 reactions and have reported this from our centre as well (Chatterjee et al 2017). Such rare presentations are usually seen in the borderline spectrum wherein severe type 1 reactions can also present with fever and systemic symptoms adding to the diagnostic dilemma. Indeed, atypical presentations of ENL reaction are well known but here is a case of classic ENL- there is no atypicality.

[1*] Divya Kamat, MD, DNB
[2*] Tarun Narang, MD, MNAMS
[3*] Sunil Dogra, MD, DNB, FRCP
[4**] Bhushan Kumar, MD, DNB
[*] Department of Dermatology, Venereology and Leprology, Postgraduate Institute of Medical Education and Research, Sector 12, Chandigarh, India.
[**] Department of Dermatology, Shalby Multispeciality Hospital, Mohali, Punjab, India.
Correspondence : Dr. Tarun Narang; **E mail** : narangtarun@yahoo.co.in

With all these classical features of the disease and the reaction- it is not fair on the part of the learned authors to make a diagnosis of "Hansen's in type 1 reaction". More specific labelling was required.

The other issue is of administering thalidomide- assuming that it will be better in controlling and preventing the occurrence of ENL; the patient had neuritis with motor weakness and thalidomide has little or no effect on neuritis (Kaur et al 2009, Leprosy 2017). So we would recommend giving steroids in adequate dose and for adequate period along with high dose clofazimine in this patient.

To conclude this is a case of sub-polar LL (downgraded) with classical type-2 reaction- historically, clinically and histologically which could have been controlled with oral steroids only. This communication is to clarify the various issues related to the diagnosis and management.

References

1. Chatterjee D, Narang T, Saikia UN, Dogra S (2017). The diagnostic dilemma of erythema nodosum leprosum - a clinicohistological study. *Lepr Rev*. **88**: 217-226.
2. Gulanikar A, Abrol A, Iqbal MT (2020). A rare case of erythema nodosum leprosum presenting clinically as type 1 reaction. *Indian J Lepr.* **92**: 119-124.
3. Kaur I, Dogra S, Narang T et al (2009). Comparative efficacy of thalidomide and prednisolone in the treatment of moderate to severe erythema nodosum leprosum: a randomized study. *Australas J Dermatol*. **50**: 181-5.
4. Leprosy (2017). Management of reactions and preven-tion of disabilities. Technical guidance. New Delhi: World Health Organization, Regional Office for South-East Asia; Licence: CC BY-NCSA 3.0 IGO.

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