

Letter regarding the paper titled “An Unusual Cutaneous Manifestation of Tuberculoid Spectrum in Leprosy”

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Dear Editor,

We read with interest a case report by Satish et al titled “An unusual cutaneous manifestation of Tuberculoid Spectrum in Leprosy” (Satish et al 2024). The authors reported a case of a 40-year-old woman presenting with bilaterally symmetrical annular lesions on the dorsum of the feet. A diagnosis of tuberculoid leprosy (TT) was established based more on histopathological features. However, a closer examination of this report reveals an error in the diagnosis of the spectrum of leprosy which has hampered correct management of this patient.

The clinical presentation mentioned annular erythematous plaques over the dorsum of both the feet. The authors report that sensory perception was intact over both the lesions. Clinically the spectrum is more likely to be borderline tuberculoid (BT) rather tuberculoid (TT). TT lesions are more often solitary, asymmetrical, and have a hypo/anesthetic

surface with significant xerosis and loss of sweating. There is no leprosy without nerve function impairment (NFI) local or peripheral (Kumar & Dogra 2023). The authors too have observed that, bilateral superficial peroneal nerves were palpable with the left one exhibiting the characteristic beaded appearance. In leprosy, loss of autonomic sensations precedes the loss of temperature sensations followed by loss of touch sensibilities. However, the presence or absence of autonomic changes has not been elucidated. Peripheral nerve enlargement especially when bilateral is not a feature of tuberculoid leprosy.

It has been implied that the patient was classified as having paucibacillary (PB) leprosy as only 6 months of WHO multidrug treatment regimen was administered. According to the WHO guidelines for diagnosis and treatment of leprosy, involvement of even a single nerve (thickened peripheral nerve with loss of sensation with/without weakness of supplied muscles) warrants

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the case to be considered as multibacillary (MB) requiring 12 months of MDT (WHO 2018).

Based on the clinical morphology and the peripheral nerve involvement, we feel it's appropriate to classify the given case as borderline tuberculoid (BT) with nerve involvement and treat according to the WHO guidelines for multibacillary leprosy.

We want to acknowledge the efforts of the authors in enhancing our understanding of atypical presentations of leprosy. However, a degree of caution is imperative for accurate diagnosis, classification and appropriate duration

of treatment to avoid the preventable morbidity associated with this treatable condition.

References

1. Satish S, Fernandes S, Bhat RM et al (2024). An unusual cutaneous manifestation of tuberculoid spectrum in leprosy. *Indian J Lepr.* **96**: 253-256.
2. Kumar B, Dogra S (2023). Case definition and clinical types of leprosy. In: IAL Textbook of Leprosy, 3rd edn. (Kumar B, Kar HK, Dogra S, eds), Jaypee Publishers, New Delhi, pp260-261.
3. World Health Organization (2018). Guidelines for the diagnosis, treatment and prevention of leprosy. [online]. Available from <https://www.who.int/publications/i/item/9789290226383>.

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