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Letter to Editor

Response to Letter by Herlekar et al Regarding Our Article titled, "An Unusual Cutaneous Manifestation of Tuberculoid Spectrum in Leprosy."

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Dear Editor,

We sincerely thank Dr. Rucha Herlekar and colleagues for their thoughtful critique and valuable comments on our case report titled "An Unusual Cutaneous Manifestation of Tuberculoid Spectrum in Leprosy" (Satish et al (2024). *Indian J Lepr*. **96**: 253-256). We appreciate their meticulous analysis and the points raised regarding diagnostic classification and treatment decisions. In our case, the diagnosis of tuberculoid leprosy (TT) was based on classical histopathological findings, which showed well-formed epithelioid granulomas, Langhans giant cells, dense lymphocytic infiltration, and negative Fite-Faraco staining - features strongly suggestive of TT. Clinically, the patient presented with bilaterally symmetrical annular plaques on the feet, intact sensation, and absence of other systemic symptoms. However, as noted by the authors, the presence of bilateral palpable superficial peroneal nerves, particularly the beaded left nerve, could indicate borderline tuberculoid (BT) leprosy, where such nerve involvement is more typical.

We opted to follow the WHO 2018 guidelines, which state that any case with nerve involvement - irrespective of the number of skin lesions - should be classified as multibacillary (MB) and treated with a 12-month MDT regimen. Our treatment decision was therefore consciously aimed at preventing long-term nerve function impairment, relapse, or disability, despite histological features aligning with TT. We also acknowledge that a more detailed description of autonomic changes and nerve function testing could have provided further clarity and will incorporate this in future reports. Nevertheless, we would like to highlight the uniqueness of

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our case, which lies in the rare symmetrical presentation of annular plaques over both feet, mimicking conditions such as tinea pedis and granuloma annulare, and the diagnostic challenge posed by the intact sensations and short symptom duration. We aimed to emphasize the importance of maintaining a high index of suspicion in atypical presentations, which may not exhibit classical features of leprosy. Our case underscores the need for thorough clinicopathological correlation and adherence to WHO treatment guidelines to ensure optimal patient outcomes. We are grateful to the authors for their constructive feedback, which reinforces the importance of careful classification and comprehensive management in leprosy.

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