

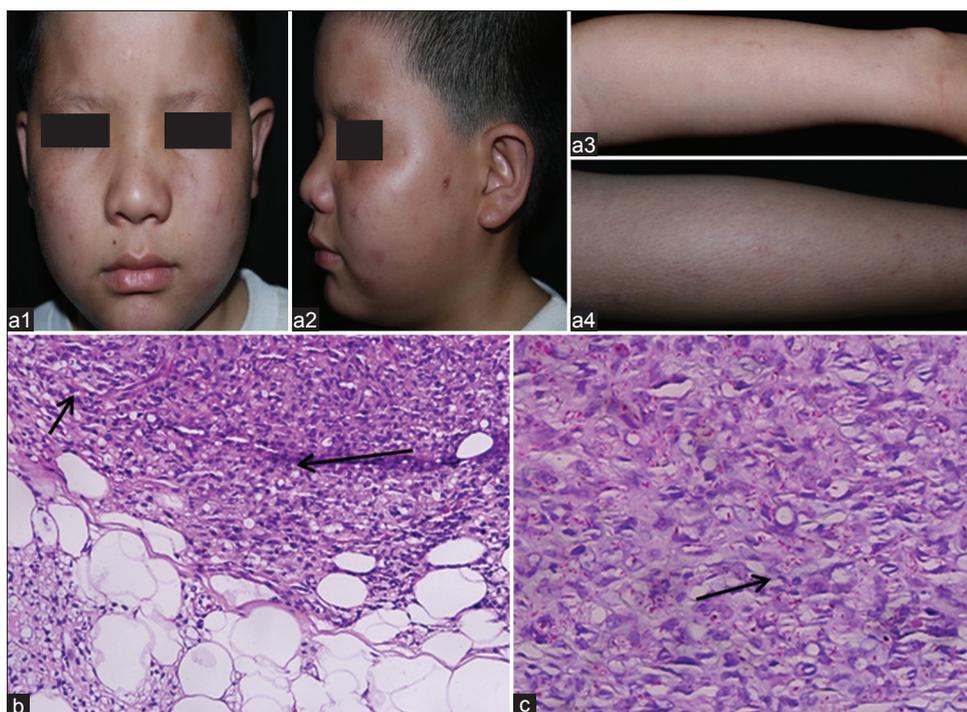
## Multibacillary Leprosy in a Child

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To the Editor: A 12-year-old boy born in Guizhou Province, China, presented with a history of generalized raised nodular lesions developing over the course of 2 months on the face and limbs. The patient's first symptom was the appearance of small nodules on the face, unaccompanied by sensations of itching, pain, or burning. The number of lesions increased over the course of a week, and also appeared on his limbs, with no report of fever,

joint pain, or swelling of joints. A preliminary biopsy suggested histiocytic proliferative disease, and other tests were normal, so the patient was treated with traditional Chinese medications. However, the lesions continued to increase, and the patient was brought to our clinic. Physical examination revealed diffuse small tawny nodules on the face and limbs, sparse eyebrows, and scars from ulcers on the face. His vital signs and laboratory tests were



**Figure 1:** Clinical manifestations of multibacillary leprosy: Sparse eyebrows and scars from ulcers on the face (a1 and a2). Diffuse small tawny nodules on the left forearm and calf (a3 and a4). Histopathological examination: The granulomatous infiltrate in superficial and deep dermis and hypodermis, composed of a mixture of foamy (short arrow) and epithelioid histiocytes (long arrow) with some scattered admixed lymphocytes (H and E, original magnification  $\times 200$ ) (b). Numerous acid-fast bacilli (arrow) (Fite-Faraco, original magnification  $\times 400$ ) (c).

normal. The biopsy of new lesions on the right forearm showed the granulomatous infiltrate in the superficial and deep dermis and hypodermis, composed of a mixture of foamy and epithelioid histiocytes and including scattered lymphocytes. Moreover, a Fite-Faraco stain showed numerous acid-fast bacilli [Figure 1]. A diagnosis of multibacillary leprosy as defined by the World

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Health Organization (WHO) was made. The patients, without a clear history of exposure to infectious diseases, were subsequently treated with multidrug therapy, consisting of monthly doses of rifampicin 450 mg and clofazimine 200 mg, plus daily doses of dapsone 50 mg and clofazimine 50 mg, resulting in partial remission of the cutaneous lesions within 2 months.

According to the WHO, Guizhou Province has the second highest prevalence and new case detection rates in China<sup>[1]</sup> of multibacillary leprosy.<sup>[2]</sup> Due to the decreasing morbidity of multibacillary leprosy in children in China and the lack of typical presentations (such as erythema nodosum leprosum, erythematous edematous lesions, and neuritis), the diagnosis of multibacillary leprosy in our patient is often delayed,<sup>[3]</sup> as it was in this case. Since leprosy mainly affects skin and nerves, and sensory damage may progressively lead to permanent disabilities,<sup>[4]</sup> early biopsy including Fite-Faraco stain to eliminate multibacillary leprosy is important in patients with cutaneous manifestations as described above.

### Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient has given his consent for his images and other clinical information to be reported in the journal. The patient understands that his name and initial will not be published and due efforts will be made to conceal his identity, but anonymity cannot be guaranteed.

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### Conflicts of interest

There are no conflicts of interest.

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