



LEPROSY WITH TYPE II REACTION AND VASCULITIS MISDIAGNOSED AS RHEUMATOID ARTHRITIS FOR 18 YEARS: CASE REPORT.

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BACKGROUND

Leprosy is a chronic granulomatous disease caused by *Mycobacterium leprae*, has a large spectrum of clinical manifestations, including necrotizing skin lesions and joint complaints that sometimes mimic a primary rheumatic disease. Despite being an important public health problem in Brazil, this disease is still poorly diagnosed, leading to permanent disability and disfigurement. We report case with lepromatous leprosy and type II reaction or erythema nodosum leprosum evolving with necrosis and ulceration and polyarthritis

CASE REPORT

48 years old female patient, with diagnosis of rheumatoid arthritis for 18 years, positive rheumatoid factor, using prednisone 20mg per day and no DMARD, presents with polyarthritis, ulcerated feet, amaurosis, diabetes and osteoporosis with femur fracture. The diagnosis of skin infection was made and started treatment with oxacilin for 14 days and clindamicin for 10 days. No improvement was seen in the ulcerated lesions on the feet after antibiotic treatment. The rheumatology was called, and on physical examination was seen: asymmetric polyarthritis in distal and proximal interphalangeal joints, right knee and left ankle. Infiltrated skin on the face and ears, and madarosis. On hands X-rays: erosions on PIP, DIP and MCP joints, fusion of the carpal bones and presence of styloid process. Feet x-rays: normal. The hypothesis of Leprosy was made due to the presence of infiltrated skin, madarosis, involvement of DIP joints, presence of styloid process and normal feet x-rays. The bacilloscopy was positive and the diagnosis of lepromatous leprosy was made. The treatment was started and after 1 month, the arthritis and the ulcerated feet lesion were gone.

CONCLUSION

Leprosy is a well know disease, especially in the Amazon State, even though, doctors are not trained enough to identify some of the basic clinical pictures of the disease. Articular involvement is the third major clinical complaint in leprosy patients, justifying the necessity for a differential diagnosis between leprosy and RA. In this case, doctors made a tremendous mistake that costed the patient's quality of life, making her take prednisone for a long time and develop diabetes, amaurosis and osteoporosis.