

Borderline lepromatous leprosy

Hanseníase borderline virchowiana

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Abstract: It is presented a case of borderline lepromatous leprosy with 4 years of evolution and cutaneous lesions of difficult diagnosis in the National Health System. The histopathological evaluation, which was essential for the diagnosis, showed disorganized granulomatous structures and multiple alcohol-acid resistant bacilli. Cases like the one described here are responsible for the contamination of cohabitants and the appearance of new cases of leprosy.

Keywords: Leprosy; Leprosy, bordeline Leprosy, lepromatous

Resumo: É apresentado caso de hanseníase borderline virchowiana com quatro anos de evolução e lesões cutâneas de difícil diagnóstico na rede de saúde. O exame histopatológico mostrando estruturas granulomatosas desorganizadas e múltiplos bacilos álcool-ácido resistentes foi essencial para o diagnóstico. Casos como o descrito possibilitam a contaminação dos conviventes e o surgimento de novos casos de hanseníase no futuro.

Palavras-chave: Hanseníase; Hanseníase dimorfa; Hanseníase Virchowiana

Borderline lepromatous leprosy manifests itself by a large number of lesions, with various aspects such as: infiltrations, plaques (some with the central region apparently spared), outer edges badly defined and nodules. ¹⁻³ Lesions are not so symmetrical as for lepromatous and there is tickening of a great number

of nerve trunks.¹ Smear is positive, with innumerable bacilli. ¹⁻³ The clinical classification of *borderline* patients is, many times, as in the case presented here, (Figures 1 and 2) difficult. Cutaneous manifestations may not fit into the clinical patterns described or the histopathological exam is not compatible with the



FIGURE 1: Plaques and erythematous papules on the internal face of the left upper limb and progressing for four years



FIGURE 2: Erythematous plaque with outer edges badly defined and central region apparently spared, located on the abdomen

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clinical classification.^{4,5} In these cases, the MHB classification is simply adopted and the patient is treated according to smear result (Figures 3 e 4) or according to the classification of the World Health Organization in accordance with the number of lesions¹.

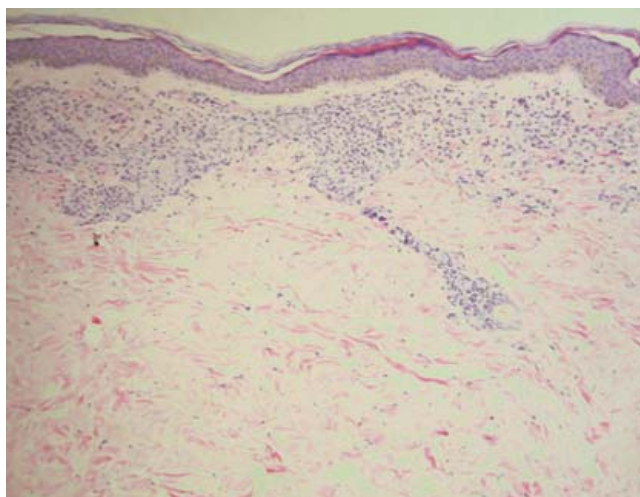


FIGURE 3: Histopathological exam shows atrophic epidermis, band of Unna and loose granulomatous structures containing vacuolated histiocytes (hematoxylin and eosin, 200X)

Undiagnosed patients with active tuberculosis evolving for years, as the case reported here, enable the contamination of cohabitants and the emergence of new cases of Hansen's disease in the future.¹ □

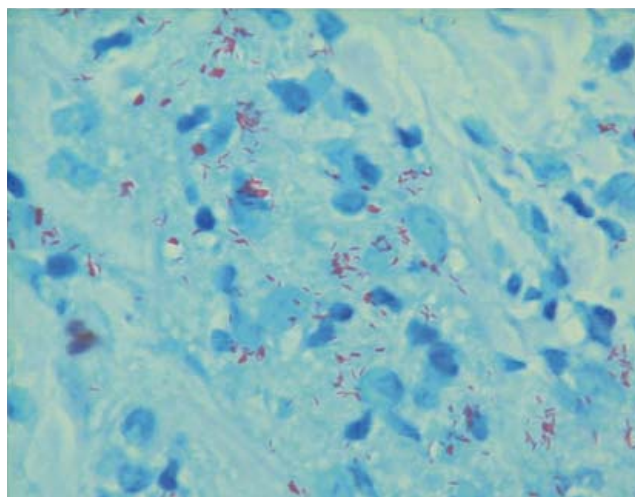


FIGURE 4: Through Wade staining many alcohol-acid resistant bacilli, isolated and forming globi can be observed. (1000X)

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