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Images in Infectious Diseases

Infiltration in a child's face due to borderline lepromatous leprosy

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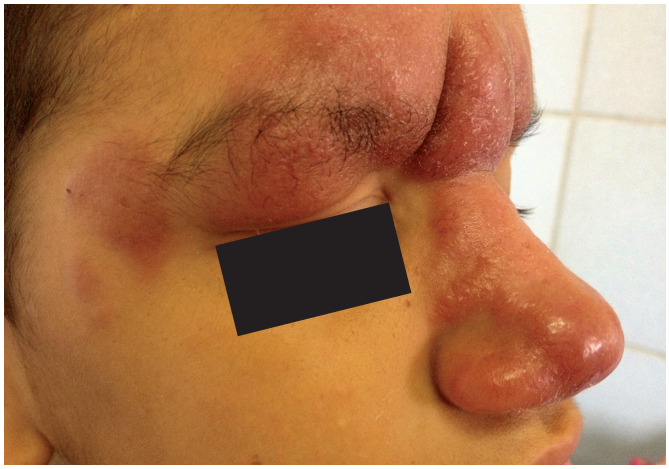

FIGURE 1 - Infiltrated erythematous plaques with precise limits and irregular contours in the central part of the face: detail of injury

FIGURE 2 - Infiltrated erythematous plaques, with precise limits and irregular contours in the central and temporal regions of the face and upper eyelids.

A 10-year-old child presented with lesions on the face, right fist and left knee. Physical examination revealed infiltrated erythematous plaques with precise limits and irregular contours, one on the central part of the face (**Figure 1** and **Figure 2**), and the others on the fist and knee, with an altered sensitivity and thickening of the posterior tibial and ulnar nerves. The patient lived in Belém, State of Pará, Brazil, and had a history of contact with an uncle who had leprosy in the past. Histopathological examination of biopsies confirmed the diagnosis of borderline lepromatous leprosy, with negative bacilloscopy findings. The patient was treated with multibacillary multidrug therapy and prednisone for the management of treatment reaction, with improvement of the neuritis and the infiltrated plaques. The etiological agent of leprosy is *Mycobacterium leprae*, an acid-fast organism[1]. Manifestations of the disease vary based on the host immune response and can range from tuberculoid to lepromatous leprosy (paucibacillary to multibacillary disease)[1,2]. Modern antibacterial therapy typically consists of combinations of dapsone and rifampin, with or without clofazimine[3].

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Conflict of Interest

The authors declare that there is no conflict of interest.

REFERENCES

1. Araujo MG. Hanseníase no Brasil. Rev Soc Bras Med Trop. 2003;36(3):373-82.
2. Santino LV, Barreto JA, Martins ALGP, Alves FS. Hanseníase dimorfa reacional em criança. Hansenol Int. 2011;36(1):51-7.
3. Ministério da Saúde. Secretaria de Políticas de Saúde. Departamento de Atenção Básica. Guia para o Controle da Hanseníase. Brasília: Ministério da Saúde; 2002. p. 28-34.