

## Borderline tuberculoid leprosy associated with primary cutaneous histoplasmosis\*

Hanseníase dimorfa tuberculoide associada à histoplasmose cutânea primária

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**Abstract:** We describe a case of borderline tuberculoid leprosy associated with primary cutaneous histoplasmosis in a patient who presented at our hospital with skin lesions and joint complaints.

**Keywords:** Granuloma; Histoplasmosis; Leprosy

**Resumo:** Descrevemos um caso de hanseníase dimorfa tuberculoide associada à histoplasmose cutânea primária em um paciente que procurou nosso hospital com lesões dermatológicas e queixas articulares.

**Palavras-chave:** Granuloma; Hanseníase; Histoplasmose

This case concerns a 65-year-old male patient who suffered pain and lack of mobility in his right wrist a year ago and reported the appearance of erythematous plaques on his body three weeks before presenting at hospital. Examination revealed ulcers on the fingers of his right hand and an erythematous-edematous plaque on the dorsum of the right hand, left shoulder and neck (Figures 1 and 2). Biopsy was performed on the dorsum of the hand and neck which showed reactional *borderline* tuberculoid leprosy (Figure 3). Polychemotherapy and prednisone were started on the assumption that it was “reactional hand.” After treatment the joint pains noted at first consultation persisted. We decided to perform a synovial biopsy of the right wrist, with negative culture for bacteria and mycobacteria and positive for *Histoplasma capsulatum* (Figure 4). After diagnosing histoplasmosis, treatment commenced with itraconazole 200mg daily.



FIGURE 1: Lesions on the fingers and back of right hand. Indurated ulcer with infiltrated edges, fibrinous base and erythematous-edematous plaque

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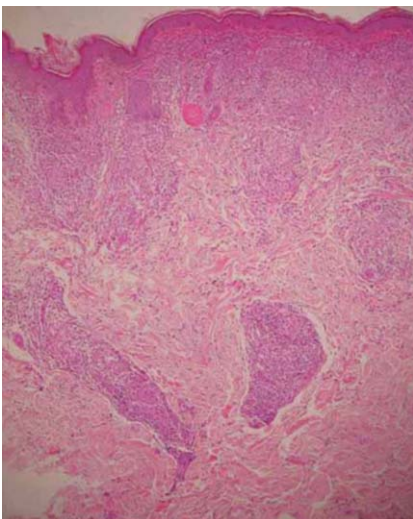
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**FIGURE 2:** Left shoulder lesion. Erythematous plaques with sharply demarcated edges



**FIGURE 3:** Anatomopathology of lesion on left shoulder. Reactional tuberculoid pattern in leprosy



**FIGURE 4:** Culture of synovial biopsy specimen of patient's right wrist. 250 C-Agar Sabouraud for 30 days. Colony with filamentous appearance, brown to white in color, and cotton-like texture

Leprosy, caused by *Mycobacterium leprae*, presents a wide spectrum of clinical forms, with stable, opposite poles and unstable manifestations of the disease shifting towards either *pole*, possibly acquiring the clinical and immunological characteristics of each of the poles.<sup>1,2</sup>

Histoplasmosis, on the other hand, is caused by the dimorphic fungus *Histoplasma capsulatum* found in soil contaminated by the feces of birds and bats.<sup>3-6</sup> The disease is endemic in tropical and temperate climates, especially in the Americas.<sup>7</sup>

The case reported shows an association between two granulomatous diseases that has not been reported hitherto in the literature. Assuming that this case was one of reactional borderline leprosy it was to be logically expected that the lesion in the patient's hand would represent one of the symptoms generally found in such leprosy cases. □

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