HISTOID LEPROSY IN VARANASI

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Summary

Seventeen cases of histoid leprosy were found in skin out patients department of Institute of Medical Sciences in one year out of a total of 1394 cases of leprosy registered. The histoid leprosy rate is thus 1.2 %. The total lepromatous leprosy cases were 194 with which lepromatous index works out to be 13.9 %. About half of the histoid leprosy cases had no antileprosy treatment. Bacteriological index was high (4 to 6+) and morphological index ranged from 20 to 70 %. In this study there does not appear to be any correlation between histoid leprosy and DDS resistant strains of *mycobacterium leprae*.

KEY WORDS : Histoid Leprosy, Epidemiology Leprosy, Leprosy.

Wade[1] was the first to describe a special variety of nodular lepromatous leprosy designated by him as 'histoid'. Many workers[2,3] after that have reported the same condition with variable findings. The association of DDS resistant bacilli with histoid leprosy is often described[4]. Histoid lesions, however, appear even without any prior treatment with DDS. The present paper describes the experience with this type of leprosy in Varanasi.

Material and Methods

1394 cases of leprosy were registered during one calendar year in Skin O. P. D., Institute Hospital, Banaras Hindu University, Varanasi. There were 194 cases of lepromatous leprosy, out of which 17 cases of histoid variety were found. The diagnosis of histoid leprosy was made on the basis of clinical features described by Wade[1]. History of previous treatment with sulphones was elicited. The period elapsed between the onset of leprosy and the appearance of histoid lesions was recorded as per the patients' memory of the time of appearance of lesions. Slit and smear was done. Bacteriological index (Ridley) and morphological index were recorded. Histoid lesions were biopsied and histopathological examination was done in all the 17 subjects.

Observations

There were 194 cases of lepromatous leprosy, out of which 17 cases fulfilled the criteria of Wade's histoid leproma on histopathological examination.

The age of patients of histoid leprosy ranged from 17 years to 71 years with a mean of 36.2 years (Table 1). The duration of disease ranged from

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6 months to 15 years, with a median duration of 7 years. Four patients were female and thirteen were males. The duration of histoid lesions ranged from 1 month to 24 months with median of 8months.

TABLE 1
Age, Sex and Duration of Leprosy in Histoid cases

S. No.	Age in yrs.	Sex	Duration of diseases in years	Duration of histoid lesions in months
1	30	M	5	6
2	71	M	2	8
3	45	M	15	12
4	50	M	1	12
5	35	M	7	12
6	30	M	1	2
7	17	M	10	6
8	26	F	7	6
9	30	M	10	1
10	40	M	7	8
11	40	M	7	12
12	45	F	1	12
13	45	M	8	4
14	27	M	½	6
15	25	M	7	8
16	25	M	5	24
17	35	M	2	12

Eight patients had never taken DDS or any other antileprosy drug and 6 had taken irregular treatment with DDS for 8 to 24 months. The three other patients were on regular DDS treatment but only for 1, 2 and 6 months respectively.

Bacteriological indices ranged from 4 to 6 (Ridley's scale). The morphological indices ranged from 20 to 70% with median of 40%.

Discussion

Histoid variety of leprosy is not rare in this area. In the immunohistological spectrum histoid leprosy is in the lepromatous end of the disease. The percentage of histoid cases among lepromatous leprosy cases was 8.7. The percentage out of total leprosy patients reporting in the out patient department was 1.2. The overall lepromatous rate in the study group was 13.9 percent.

Such high rate of histoid leprosy, which is higly bacilliferous is a great public health problem. In one of the recent WHO sponsored workshops on leprosy, we observed that those patients could not be diagnosed by non medical supervisors and most of the medical officers looking after leprosy work. Because of different clinical presentation they did not label it as leprosy and not even attempted to further investigate. Stress on the clinical picture of this entity in their training programme is important.

Sex ratio was conspicuously high in favour of males, by 8.5:1 :: M:F, when compared to general leprosy patients in this series which was 1.8:1 Preponderance of males is difficult to explain.

Eight (49%) of the cases of histoid leprosy in this study had no drug therapy for the disease, which clearly shows that secondary DDS resistance is not the cause or even an important factor in the epidemiology of this variant of leprosy. We should look for other factors responsible for the development of this clinico-pathological variant of lepromatous leprosy.

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