

Wade's Histoid Leprosy Dermatofibroma Like

Avalos Peralta Patricia¹ and Di Martino Ortiz Beatriz^{2*}

¹Hospital Británico, Asunción, Paraguay

²Department of Dermatology, Faculty of Medical Sciences, National University, Clinical Hospital, Asunción, Paraguay

*Corresponding author: Di Martino Ortiz Beatriz, Associate Professor of Dermatology, Dermatopathologist, Dermatology Department, Clinical Hospital, Faculty of Medical Sciences, National University, Asunción, Paraguay, Tel: 595-21-446 991; E-mail: beatrizdimartino@gmail.com

Received date: June 01, 2017; Accepted date: June 20, 2017; Published date: June 30, 2017

Copyright: © 2017 Patricia AP, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Citation: Patricia AP, Beatriz DMO (2017) Wade's Histoid Leprosy Dermatofibroma Like. J Cytol Histol 8: 460. doi: [10.4172/2157-7099.1000460](https://doi.org/10.4172/2157-7099.1000460)

Image Article

A healthy 52-year-old phototype II woman, farmer, with a 6 months history of asymptomatic slow growing papules and nodules, first at the upper lip, then extended to the forearms, shoulders, legs and back. She referred burning sensation in both arms when exposed to sunlight (Figure 1).

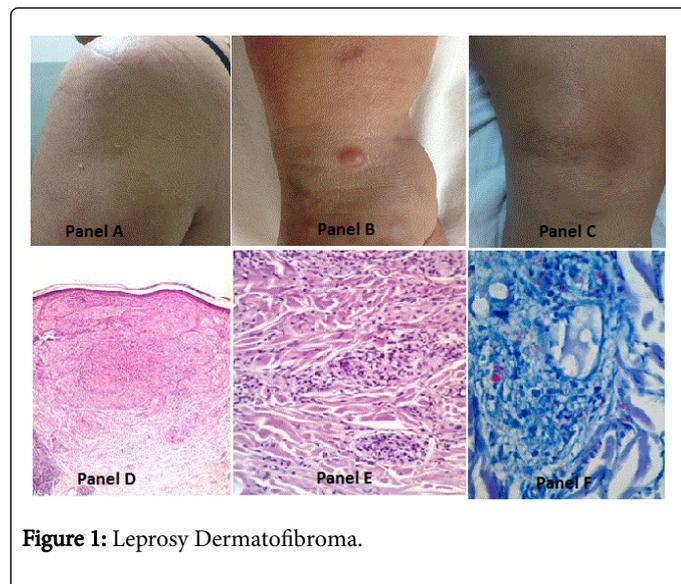


Figure 1: Leprosy Dermatofibroma.

On physical examination, a well-demarcated shiny papulo-nodular lesion of 1 cm at the upper lip was detected. Also on both forearms and

shoulders there was erythema and small papules with a diameter ranged from 0,3 to 0,5 cm (Panel A). On the left wrist there was a painless, firm and pale pink dome shaped nodular lesion of 1 cm of diameter (Panel B). She has lesions on both legs of the same characteristics (Panel C). We performed excision of two papules. Histopathology revealed circumscribed nodular lesions consisting predominantly of spindle-shaped cells with some polygonal forms. The cells were arranged in an intertwining pattern, resembling a fibrohistiocytic tumor (Panel D). Small collections of foamy macrophages were also present (Panel E) and Fite Faraco stain shows heavily parasitized macrophages (Panel F). Routine laboratory studies were normal. Lepromatous leprosy (LL) histioid variant of Wade is a form of multibacillary leprosy presenting with specific clinical, histopathological and bacteriological features, which may arise de novo or after inadequate and irregular treatment with dapsone monotherapy or combination polichemotherapy. This variety is rare and raises many differential diagnoses such as multiples dermatofibromas, nodular basal cell carcinoma, fibromas, neurofibromas, eruptive xanthomas and lymphomas. We should point out: 1. The importance of early diagnosis and treatment, as the high load of BI in the smears, the patient is a significant reservoir of the disease, and 2. The importance of long-term monitoring during and after treatment of patients with histioid LL. The patient is receiving multidrug therapy (WHO) for multibacillary leprosy.

Conflict of Interests

The authors declare no conflict of interests.