



INFECTIOUS DISEASES (BACTERIAL, FUNGAL, VIRAL, PARASITIC, INFESTATIONS)

## 67-YEAR-OLD DIABETIC FEMALE PATIENT WITH NON-HEALING, NON-DIABETIC ULCERS

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**Background:** A 67-year-old diabetic female patient presented to the dermatology department with a 6-year history of non healing ulcers located on her hands and feet. Upon examination, she had bilateral plantar ulcers on her heels and 3rd finger, distally. Her right palm had two ulcers on the tenar region, other 3 located on distal third, fourth and fifth finger palmar region and another one with a necrotic scara on her dorsal third finger. The nail units of her last three fingers had been destroyed due to her on going non healing ulcers. Her left hand showed similar findings. Complete physical examination revealed swollen feet, xerosis, madarosis and a neuropathy present on all extremities, posteriorly confirmed as a mixed motor-sensitive axonal demyelinating polyneuropathy. No other skin lesions were present. A complete lab work was done with an elevated ESR as the only abnormal finding. She had a good, regular control of her diabetes, no history of burns, trauma, blisters nor photosensitivity. A skin biopsy showed small microorganisms with a positive Fite Farraco stain and presence of globii. Lymph smear reported a bacilloscopy index of 3,75. Her father posteriorly admitted been diagnosed with leprae but refusing treatment.

**Observation:** Hansen disease remains a shameful diagnosis for patients because of the myths that it entails. If our patient's father had accepted his disease, completed treatment and had adequate control, our patient would have probably been diagnosed earlier and wouldn't have had such sequeale and complications.

**Key Message:** Despite diabetic neuropathy being the primary cause of ulcers in diabetic patients, we must keep in mind other differentials at presentation. Hansen disease remains an important diagnosis to keep in mind in endemic regions. Early diagnosis and search for potential sick contacts must remain a priority.

