



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

A CASE OF HISTOID LEPROSY WITH MULTIPLE DRUG RESISTANCE AND COMPLICATIONS

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Background: Leprosy is still a major public health issue in southeast Asia. Some patients with a prolonged history of infection develop drug resistance and multiple organ complications.

Observation: A 68-year-old man with an initial diagnosis of histoid leprosy had received multidrug therapy combined with minocycline for more than two years, since his resistance to dapsone had been proven through genetic testing. He also had foot drop with polyneuropathy, which was regularly monitored by a neurologist. The patient had been diagnosed with leprosy in primary school, but was lost to follow-up after his teenage years. Complete cure was not achieved after two years of continuous treatment and the bacterial index persisted at a low level. He had recently been admitted due to cellulitis of his right foot; clofamizine hypersensitivity had been diagnosed after histopathologic examination at that time. After the infection was controlled, the swelling of his right foot persisted. Computed tomography and radiography showed changes indicating Charcot foot. Levofloxacin 750mg/day was added and the dosage of rifampicin was elevated to 300mg/day. Clofamizine was stopped due to hypersensitivity reaction and severe hyperpigmentation.

Key message: Multiple drug resistance can develop in patients with a prolonged infectious history of leprosy and incomplete treatment course. The possibility of rare severe complications should be carefully monitored and managed as these complications may compromise the quality of life in patients.

