



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

LEPROSY MISDIAGNOSED AS DERMATOMYOSITIS

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Background: leprosy lesions morphology and clinical symptoms are complicated, prone to misdiagnosis, we should strengthen the understanding of leprosy reaction and the side effects of leprosy treatment drugs, in order to reduce the misdiagnosis rate of leprosy.

Observation: Case? Patients, male, 64 years old, "systemic erythema One year, myalgia, myasthenia one month".

Dermatologic examination: Dark erythema on the trunk and limbs, dark purple red spot on Eyelid, The eyelid is swollen, Purple red rash on the palm and finger joint, Erythema around the nail, Muscle strength of limbs is 4 degree, muscular tension was normal.

Assistant examination: blood routine test, liver and renal function, blood coagulation function, urine and stool routine were normal.

CK were increased? CK-MB were increased.

ESR, PPD were normal.

FER 768.38ng/ml ↑, CA125 37.7U/ml ↑.

EMG were normal.

Brain CT were normal.

Chest CT Multiple small nodules were found in the right lung.

Skin biopsy: chronic granulomatous inflammation, acid-fast bacillus were not found, muscle biopsy were normal.

Tentative diagnosis : 1 Dermatomyositis? 2 Pulmonary nodules?

Treatment processes: Methylprednisolone 40mg ivgtt qd+ oral predisone 10mg qd,

Supplementary medical history: This patient told the doctor that He was diagnosed as leprosy Half a year ago, He took the anti-leprosy drug 4 month, But, He did not believe he was leprosy patient, After took the drug, Myalgia, myasthenia appeared in his lower limbs, He thinks this is a side effect of drugs.

Supplementary inspection? The results of Leprosy tissue fluid examination are positive.

Final diagnosis? 1 Leprosy 2 Pulmonary nodules?

Key message: leprosy lesions morphology and clinical symptoms are complicated, prone to misdiagnosis.

