

Letter to the Editor

BULLOUS ERYTHEMA NODOSUM LEPROSUM MANIFESTING IN THE POST PARTUM PERIOD WITH UNUSUAL FEATURES

I read with interest the paper titled “Bullous erythema nodosum leprosum manifesting in the post partum period with unusual features” by Verma *et al.*¹ Their patient in the post partum period with BL disease on therapy developed multiple red, raised, painful lesions which appeared over her pre-existing patches of leprosy on both arms. These lesions were associated with generalised swelling of the hands and feet and sharp shooting pain across her left forearm. In this episode there was thickening and tenderness of only the left ulnar nerve and no tenderness in the right ulnar nerve and both the peroneal nerves. The photographs in Figure 2 in the published article also depicts asymmetrical bullous lesions (only on left arm and sparing the right arm), and also bullous lesions are seen on the plaques. Initially the patient had macular lesions and during the earlier episode of Type 1 reaction, the lesions had become erythematous and swollen which, according to the authors, responded very well to prednisolone. Increased erythema and edema of the pre-existing lesions (which must have been either macular or minimally infiltrated), sudden onset edema of hands and feet and sudden severe neuritis are more commonly seen in Type 1 reaction than Type 2 reaction. The Type 1 reaction (T1R) is a delayed hypersensitivity reaction associated with sudden alteration of cell-mediated immunity associated with a shift in the patient’s position in the leprosy spectrum.² The patient had a history of Type 1 reaction during her pregnancy and in the post partum period the return of cell-mediated immunity could have led to Type 1 reaction and severe neuritis.^{3,4} The patient developed Type 1 reaction initially and subsequently she developed bullous ENL which has been substantiated by the clinical picture and histopathology as described. There are reports, though rare of both T1R and T2R reactions occurring simultaneously in BL spectrum of the disease.² Moreover, there is coexistence of cell-mediated and humoral immunity in leprosy patients even during T1R which is evident by the presence of high levels of antibodies against stress proteins in patients with RRs, especially to 18 kDa antigen, along with a heightened lymphoproliferative response to *M. leprae* soluble extract.⁵ I think that this is a case with simultaneous Type 1 and 2 reactions.

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References

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