

10. PFALTZGRAFF, R. E. The control of neuritis in leprosy with clofazimine. *Int. J. Lepr.* 40 (1972) 392-398.
11. WHO EXPERT COMMITTEE ON LEPROSY FIFTH REPORT. Geneva: World Health Organization, 1977, pp. 21-22. Tech. Rept. Ser. 607.

Pityriasis Rubra Pilaris with Leprophobia

TO THE EDITOR:

In areas where leprosy is endemic, leprophobia compels many people with different dermatological and neurological manifestations to seek a specialist's opinion for ruling out the possibility of leprosy. Similarly, individuals with known signs and symptoms of leprosy also come to leprosy hospitals with the faint hope of not being diagnosed as a case of leprosy because of its social stigma. Hence, it is mandatory for physicians working in the field of leprosy to be well versed with a working knowledge of the disease and of all the other conditions simulating leprosy. In the present report, a typical case of juvenile pityriasis rubra pi-

laris who attended Central Leprosy Teaching & Research Institute (CLT&RI) suspecting leprosy is presented.

An 11-year-old girl with multiple, progressive and well-defined erythematous plaques of 8 years' duration was brought to the outpatient department of the CLT&RI by her parents. They were worried and wanted a specialist's opinion because the girl was shunned by her close relatives and neighbors as a case of leprosy. There was no history of leprosy in the family, and she had not taken any antileprosy treatment in the past. On examination she was found to have multiple, erythematous, well-defined patches and plaques over the extensor aspects of the upper and lower limbs, face,



FIG. 1. Well-defined, raised, nonanesthetic plaques over both knees with surrounding follicular papules.



FIG. 2. Involvement of the scalp.

nape of neck (involving even the scalp), and both the elbows and knees (Figs. 1 and 2). Besides these plaques there were extensive papular eruptions similar to those seen in phrynoderma. The oral mucosa was clear. There was palmar and plantar hyperkeratosis. The plaques were nonanesthetic, and there was no loss of sensation anywhere in the body. All peripheral nerves were normal, and the skin smears from the lesions were negative for acid-fast bacilli. These findings ruled out the diagnosis of leprosy. A clinical diagnosis of juvenile pityriasis rubra pilaris was confirmed by histopathological examination of a plaque which showed the typical features of the disease.

Pityriasis rubra pilaris, essentially due to epidermal overactivity, affects both sexes equally at any age. The disease is characterized by fine, acuminate, firm papules, follicular in origin, which develop into scaling plaques over the body. Classically, the lesions are seen over the extensor surface of the fingers. Palms, soles, and the scalp may also be involved. Hyperkeratosis, keratotic plugging of the hair follicle, and spotty parakeratosis, limited to the tip of the papillary follicle, make a distinctive histological picture. The present case had all of the typical clinical and histological features of pityriasis rubra pilaris. Although it was ob-

viously not a case of leprosy, she had attended CLT&RI mainly out of leprophobia, since she was despised by her close relatives as a case of leprosy. The intensity of leprophobia was so high as to warrant repeated reassurances from us, besides subjecting her for histopathological confirmation.

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Clinical and Histopathologic Findings in Osteoarticular Chronic Hypertrophic Neuritis and Differentiation from Leprosy

TO THE EDITOR:

Osteoarticular disease may damage peripheral nerves and cause peripheral neuritis. Osteoarticular disease may create pressure on peripheral nerves and hamper their growth, thereby causing pathological changes. Some of these changes may be atrophy, while others are hypertrophic neural changes. Osteoarticular chronic hypertrophic neuritis is associated with enlargement of peripheral nerves and other clinical signs which may be similar to lep-

rosy and must be differentiated from leprosy.

Case reports

Case 1. This patient was a 42-year-old male from Xunke County, Heilongjiang Province, People's Republic of China. This is an endemic area for Kaschin-Beck disease. The patient worked as a peasant and complained of muscle weakness in both hands of 18 years' duration. The condition had been diagnosed in the past as peripheral