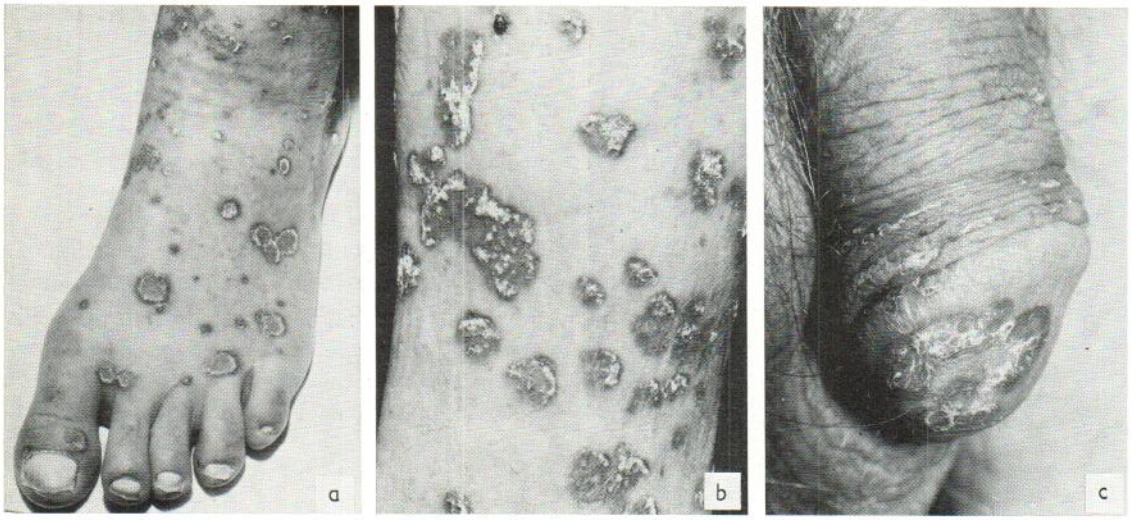


*Fig. 2.* Reiter's syndrome. (*a*) and (*b*) Circinate hyperkeratotic lesions. (*c*) Circinate balanitis.

to return to work fulltime, something she had been unable to do in the years immediately preceding.

1970. January: Patient still in good condition. Rising transaminases: SGOT 110 units, SGPT 125 units. ESR 34 mm. Azathioprine was withdrawn. Prednisolone (5 mg) was continued. February: Patient fatigued. Incipient skin ulcerations. SGOT 220 units, SGPT 300 units. March: Improved general condition but small leg ulcers. SGOT 175 units, SGPT 172, down to 112 and 130 respectively in a check made a few weeks later, thus showing a tendency towards normalisation.

The patient had presumably had lupoid hepatitis, and the rise in transaminases was not considered to be due to the treatment with azathioprine.

## "Borderline" Lepromatous Leprosy

*Presented by Lars Molin*

Female, 42 years, in previous good health. In 1961 a minor sore appeared in the nasal septum. The sore did not heal and occasionally gave rise to epistaxis. After some years there was a perforation of the septum. The septum was later resected because of repeated epistaxis. Histological examination of the septum specimen merely disclosed a non-specific inflammation (no special staining was used).

In 1963 changes appeared in the skin of the frontal and later also of the parietal part of the head with ulcerations, sometimes smeary and nasty-smelling, but with rather good tendency to heal. The changes successively became more extensive in the area, leading to a loss of hair from the front of the scalp.

Destruction within the nasal cavity also came to involve the conchae and, in recent years, both nares.

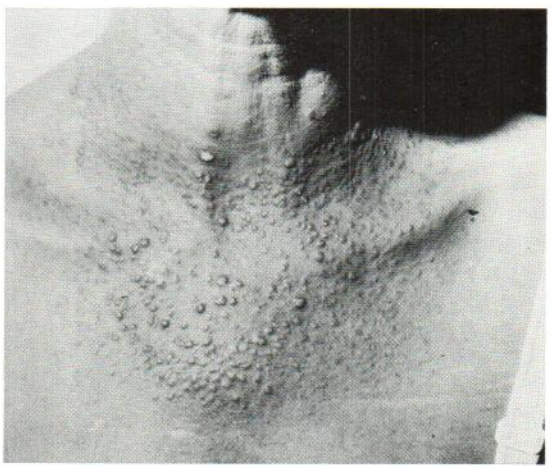

*Fig. 3.* Multiple keratoacanthoma on neck and chest.

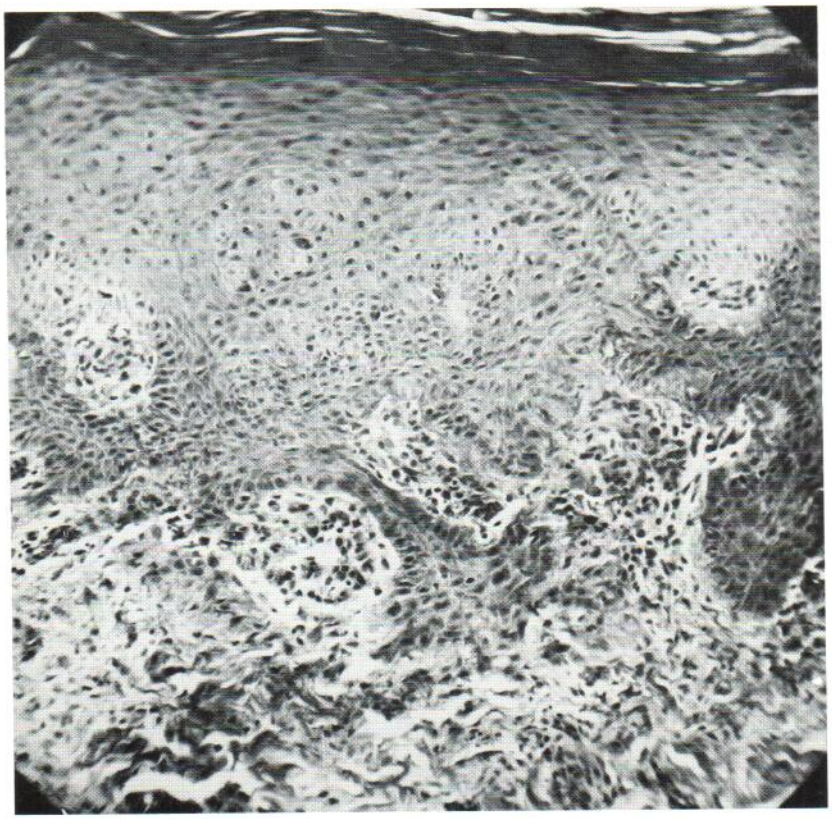

*Fig. 4.* Multiple keratoacanthoma. Histopathology revealed changes suggesting squamous cell carcinoma.

*Status in 1970:* Superficial ulcerations on the forehead and scalp and atrophic scarrings. Hair loss in this area of the scalp (Fig. 7 *a*). Deformed nares, nasal columella missing, and nasal septum and upper conchae absent (Fig. 7 *b*). Nasal mucosa mostly normal but granulomatous backwards

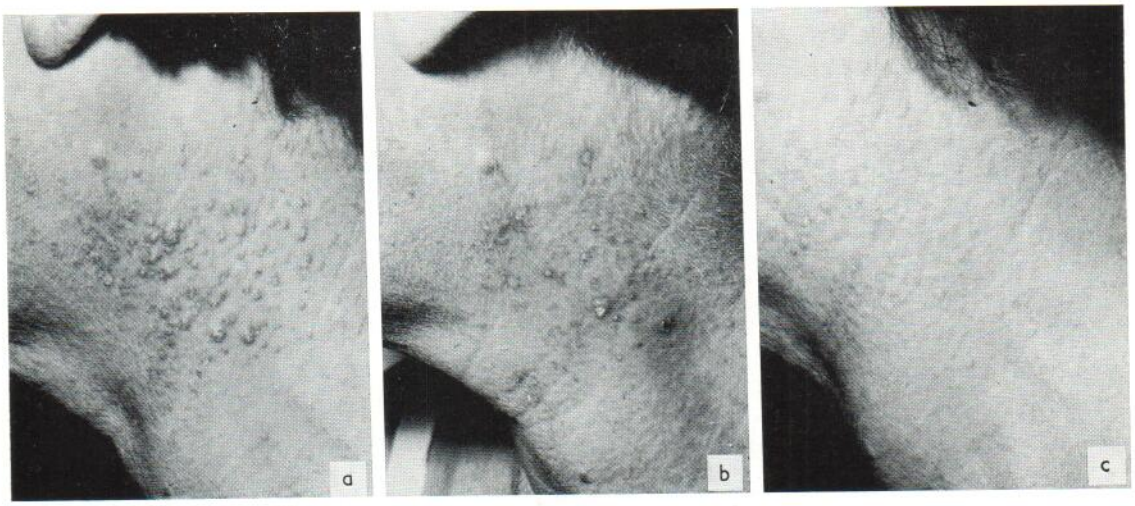


*Fig. 5.* Multiple keratoacanthoma at different stages of healing. Pictures (*a*) and (*b*) taken with 3 months' interval; (*c*) taken 6 months after (*b*).

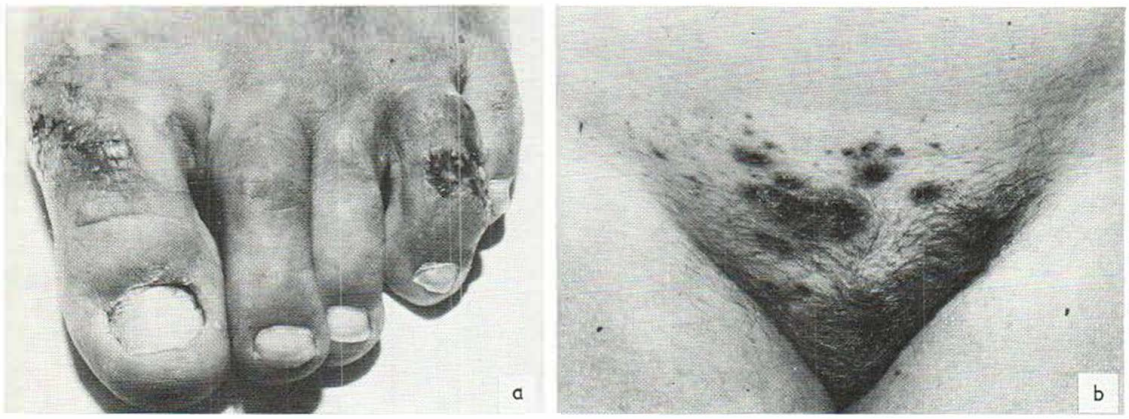

*Fig. 6.* Pyoderma gangrenosum.

and upwards. Partial impairment of smell, corneal and pharyngeal reflexes, and sensitivity to pain in the forehead and scalp.

*Abnormal laboratory findings:* E.S.R. 40 mm/hour, mild iron deficiency anaemia.

*Tests:* Mantoux negative 1/100. The rapid lepromin skin test negative, the slow test (Fernandez' reaction) a small infiltration 5 × 3 mm judged as negative, Mitsuda's reaction negative (after 3 weeks).

*Histological examinations:* Skin biopsies from the frontal and parietal part of the head revealed pictures of dermatitis with moderately inflammatory cell infiltration and the occurrence of acid-fast rods morphologically identical to *Mycobacterium leprae,* stained with a modified Ziehl-Nielsen technique. These rods could also be demonstrated on one occasion in a scraping from the nasal mucosa.

*Treatment:* Treatment with diaminodiphenyl sulphone was started with doses of 5 mg twice a week. The dosage was successively increased according to the schedule given by Rook et al. (2).

*Comment:* According to Brück (1) there were six indigenous cases of leprosy in Sweden in 1944. After World War II there were a few cases "imported" from Baltic countries, one of which was diagnosed at this clinic. The present case is a new, indigenous one.

### *References*

1. Brück, C.: Leprosy in Sweden during the last ten years. Acta Dermatovener (Stockholm) *34:* 31, 1954.
2. Rook, A., Wilkinson, D. S. & Ebling, J. L. G.: Textbook of Dermatology, p. 737. Blackwell, Oxford and Edinburgh, 1968.

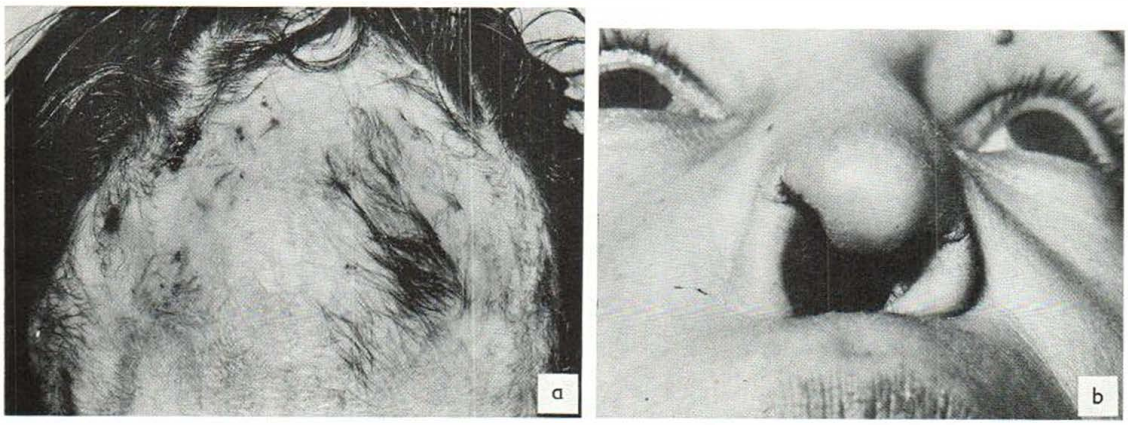

*Fig. 7.* Lepromatous leprosy (*a*) scalp, (*b*) nose.