

CASE 2

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The patient is a 24-year-old male who noted loss of pain sensation in his right foot 4 years prior to his admission. He had subsequently lost control of the intrinsic muscles of the same foot and developed a Charcot joint of the right ankle.

Physical examination at the time of admission revealed, in addition to the problems with the right foot, stocking-like anesthesia of both legs and feet, fixed clawhand deformities of both hands, and an enlarged posterior auricular nerve. Circumscribed hypopigmented anesthetic skin lesions were noted on the chest.

The patient had been placed on 100 mgm. of dapsone daily two weeks prior to admission. He underwent a below knee amputation of the right leg shortly after admission and was discharged two weeks later, to be followed and fitted for a prosthesis at a later date. Three weeks after operation he developed an erythema nosodum lepra reaction that subsided with the reduction of dapsone and usage of cortisone.

Submitted 1 Kodachrome transparency, 1 slide of the right posterior tibial nerve stained with H & E, and 1 slide stained with luxol fast blue-Holmes.