



2021 Annual Spring Virtual Meeting | Abstract Submission

Lepromatous Leprosy with Uvular Involvement: A Case Report

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A 60-year-old man presented with an erythematous mass on his uvula with associated dysphagia. The mass was first observed by the patient's dentist months prior and was initially concerning for malignancy due to the patient's long-standing history of tobacco use. Upon further investigation, he was also found to have a 6-year history of painless, pruritic skin lesions of various sizes that began on his back before spreading to his arms, legs, and face, as well as an alteration of sensation in his fingertips. The patient's social history was notable for extensive travel through Latin America and Southeast Asia, and a childhood history of playing with armadillos. Biopsies from the uvula and forearms showed epithelioid histiocytic granulomas with abundant intracellular organisms. AFB and FITE stains were positive for acid-fast organisms, and PCR detected *M. leprae* DNA, confirming the diagnosis of lepromatous leprosy. Thus far, treatment with multidrug therapy (moxifloxacin, clarithromycin, and minocycline) has significantly improved his skin lesions and sensation has returned to baseline. Leprosy is a chronic granulomatous infection caused by prolonged exposure to *Mycobacterium leprae*, an acid-fast bacillus that primarily affects the skin and peripheral nerves. Oral manifestations are a relatively rare occurrence and mainly present in advanced stages of the disease. Clinicians should be aware of this uncommon presentation of leprosy when considering a differential diagnosis of oral lesions in patients with coexisting skin and nerve symptoms. Early diagnosis and treatment of the disease are essential to reduce morbidity and prevent further transmission to the community.



Figure 1: Prominent nodules on the forehead with significant swelling around the eyes.



Figure 2: Erythematous nodule and patches on bilateral forearms and hands.