Leprosy Masquerading as Rheumatoid Arthritis

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Leprosy often presents as a rheumatologic disorder including lupus erythematosus,[1,2] rheumatoid arthritis (RA),[3] or anticardiolipin syndrome.[4] We report a case of a leprosy patient treated in a New Jersey Rheumatology clinic for two years with Prednisone 5mg daily, Methotrexate 25mg every week, and Naproxen 500mg every day. During her treatment for RA, an infiltrative dermopathy developed. A skin biopsy revealed fite-positive multibacillary leprosy and the patient was referred to the New York Hansen Disease Program at Bellevue Hospital. The patient was started on US multi-drug therapy[5] and thalidomide (100mg BID). During her course of treatment the rheumatoid factor became negative and thalidomide was reduced to as little as 50mg every other day with amelioration of her arthritis and gradual flattening of her infiltrative dermopathy. In the age of biologics,[3,6] it is important that clinicians be aware that leprosy can present as RA, and other autoimmune disorders.

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Rheumatoid Arthritis and other autoimmune disorders such as lupus and antiphospholipid syndrome are commonly presented in leprosy patients, on the order of 25% of BL cases.[7] It is important that physicians confronted with autoimmune disorders consider leprosy and the differential diagnosis and have an index of suspicion to order a skin biopsy with a fite stain. Undetected cases are detrimental to leprosy patients due to the possible contractures and loss of sensation that occur in leprosy. It is important that physicians not put patients on immunosuppressive agents such as methotrexate and biologics for thalidomide is the treatment of choice when patients present with Type II ENL. Continued lack of awareness by physicians in the US will lead to autochthonous cases of leprosy such as cases that have been reported in New York City.[8]

Disclosure

The authors have no conflicts.

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