

## Leonine Facies in an Adolescent Boy - A Case of Lepromatous Leprosy in a 14yr Old

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### ABSTRACT

Leonine facies is an entity that is known to give the patient an appearance of a “LION” and is most commonly seen in Lepromatous Leprosy (LL). We present the case of a 14-year-old young adolescent boy, who presented with coarse Leonine facies to the Out Patient Department of Saveetha Medical College & Hospital. A Slit Skin Smear and a Skin Biopsy done at a later date helped us to reach the diagnosis of Lepromatous Leprosy. Even though Leonine facies in Lepromatous Leprosy has been reported before, Coarse Leonine facies in a 14year old Young boy with Lepromatous leprosy is a rare entity and has not been reported earlier. The reason behind this article is to highlight the fact that, Leonine facies in Lepromatous Leprosy, though commonly found in older individuals, can be seen in Young adolescents as well. To throw light on the high prevalence of the disease in the Indian subcontinent in spite of it being eliminated in the year 2005.

**Key Words:** Leprosy, Leonine Facies, Lion

### INTRODUCTION

Leonine facies is characterized by thick, coarse, furrowed, facial skin with prominent supraorbital ridge, thick glabella and deep furrows on the molar and infraorbital regions giving an appearance of a “LION” (1). Diffuse dermal infiltration of papules coalescing to form plaques on the face adds to the manifestation of Leonine facies (2).

### Case Report

A 14-year-old adolescent boy from rural Rajasthan, a Daily Labourer by Occupation, presented in our Out Patient Department with multiple raised skin lesions over the Face-Cheeks & Chins. He had multiple light colored non-raised skin lesions over the back, which was associated with loss of sensation, for 3 months. He also had episodes of epistaxis and nasal stuffiness in the past. History of loss of sensations over both hands and feet was also present.

There was no history of Hoarseness of Voice, Weakness of Upper or Lower Limbs, difficulty in

closing the eyes, history of fever, joint pain, testicular pain or ulcers in the extremities.

On General Examination, he was poorly built, alert, conscious, and co-operative. The patient had no Pallor, Icterus, Cyanosis, Clubbing, Oedema, or Lymphadenopathy. BP was 110/70mmHg, and Pulse Rate was 76/min (Regular in Rate & Rhythm)



### Dermatological Examination

Multiple infiltrated plaques were present over both

Cheeks and Chins. Deep Furrowing of Facial skin was noted. Multiple ill-defined hypo-pigmented, hypo-anesthetic macules were present distributed all over the back. Generalized Shiny infiltrated skin was seen over the face, fingers, and both ear lobes. Supraciliary madarosis on both eyebrows was seen.

Peripheral Nerves - Bilateral Greater Auricular, Ulnar, Radial Cutaneous, and Lateral Popliteal nerve were all enlarged, thickened, and tender. No Nodular swellings were present. Glove and stocking type of anesthesia was present. Motor Examination was normal except for a high stepping gait. No Trophic Ulcers, No Deformities were seen. All other Systems Were Normal.

**Investigations:** Routine investigations such as Complete Blood Count, ESR, LFT, RFT, Serology, and Electrolytes were within Normal Limits. Slit Skin Smear showed – Bacterial Index of 5+ Skin Biopsy Findings were consistent with Lepromatous Leprosy.

## RESULTS

After the biopsy report, the patient was finally diagnosed as a case of Lepromatous Leprosy with Leonine facies, and he was started on Multidrug therapy –Multibacillary regimen and is under our follow-up.

## DISCUSSION

Leonine facies can present in the Dermatology Out Patient Department since it is more of a Dermatological symptom that is visible on presentation and thus aids for focusing on various other possibilities. It is classically seen in Lepromatous Leprosy as mentioned above. Other dermatological conditions where Leonine facies have been reported include Trichoepitheliomas (6) of the face and pachydermoperiostosis (7). It can also be seen in Paget's disease of the bone, Polyostotic Fibrous Dysplasia, Sarcoidosis, Amyloidosis, Leishmaniasis, Mycosis Fungoides, Actinic Reticuloid, Scleromyxedema, Acromegaly, and Multicentric Histiocytosis (3). There have been only a few cases that have been published in the context of Leonine facies. Claudio Guedes Salgado et al. had published a case of a 57-year-old man with leonine facies in lepromatous leprosy in the New England Journal of Medicine in 2012. Another case of Leonine facies was reported by Mutreja D et al. of a 60-year-old woman who

was diagnosed with Leonine facies but associated with Systemic Mastocytosis in the year 2013 (5). Even though Leonine facies can be a Hallmark sign in various entities, one should note that as far as clinical presentation and diagnosis is concerned, it is still a rare presentation. Most of the cases reported are mostly in older men and women. This case was in a 14-year-old adolescent boy who makes it rare in many ways.

As to why this case was chosen is that even though there have been multiple case reports of lepromatous leprosy before, LL in a 14year old boy presenting with Coarse Leonine facies is a rare entity. It reflects the high prevalence of the disease in the Indian subcontinent in spite of records showing that it was eliminated in 2005 (2). It throws light on the utmost need for early diagnosis and treatment follow up of Leprosy Patients.

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