

## A Rare Case of Spinal Leprosy Mimicking Spinal Tuberculosis

K Thuraikumar<sup>3</sup>, V Naveen<sup>1</sup>, Mustaqim A<sup>1</sup>, Arieff AA<sup>1</sup>, K Shri<sup>2</sup>, ZS Oon<sup>1</sup>

<sup>1</sup>Department of Orthopaedics Hospital Tawau, Sabah; <sup>2</sup>Department of Orthopaedics Hospital Lahad Datu, Sabah, Malaysia

<sup>3</sup>Department of Orthopaedics Hospital Sungai Buloh, Kuala Lumpur

### ABSTRACT

**Introduction:** Spinal tuberculosis is the most common manifestation of extrapulmonary tuberculosis. A combination of leprosy and tuberculosis is a rare entity.

**Case report:** A 44-year-old male patient working as a laborer presented to our hospital with complaints of severe back pain and swelling over the back, difficulty in walking, associated with constitutional symptoms. On admission, he was febrile and had leukocytosis. Initial spine X-ray showed end plate destruction and increase in soft tissue shadow at the level of T8-T9. CT spine revealed thoracic paravertebral collection extending from T7 to T9 levels, suggestive of tuberculous spondylitis with cold abscess. Patient refused a transpedicular biopsy and was started on anti-tubercular therapy.

Two weeks after commencement of treatment, he developed worsening back pain and weakness of the lower extremities. MRI spine showed a paravertebral abscess and posterior soft tissue edema involving level of T7 to T11. Patient underwent a posterior decompression, debridement and posterior instrumentation. He was discharged well, there was improvement of his lower limb power. Upon clinic review, he complained of multiple hyperpigmented, painless, non-pruritic skin lesions over the trunk and back. No previous history of eczema, psoriasis and *Tinea corporis*. Given the history of allergy, initial impression was hypersensitivity reaction towards the titanium implants, and he was started on anti-histamines. However, there was no improvements seen. Histopathological examination of skin lesions revealed presence of granuloma within the dermis layer, composed of epithelioid, histiocytes, lymphocytes and plasma cells. Wade-Fite stain for *Mycobacterium leprae* is positive. Slit skin smear shows multibacillary leprosy. Patient was started on multidrug therapy (rifampicin, clofazimine and dapson) for 1 year. He has recovered well.

**Conclusion:** A diagnosis of *M. leprae* should always be considered when dealing with suspected cases of spinal tuberculosis