

LETTERS TO THE EDITOR

Comment on «Characteristics of Oral Lesions in Patients With Hansen Disease»[☆]



Réplica a «Caracterización de lesiones bucales de pacientes con enfermedad de Hansen»

To the Editor:

We read with great interest the excellent article by Moronta Castellano et al.¹ on oral manifestations of Hansen disease. The authors report findings that are specific for the disease and those that occur independently. Consistent with data published to date, the authors confirm involvement

of the palatine mucosa as the most common lesion. The findings affecting the palate were plaques or lepromas, which are histologically characterized by the presence of a dense lymphohistiocytic infiltrate with no granulomas in which Fite-Faraco and Ziehl Neelsen staining revealed mycobacteria. In this series, most patients were receiving multidrug treatment for Hansen disease at the time of the evaluation of the oral lesions. An interesting aspect not addressed in the text is the progress of these findings during specific treatment of the multibacillary forms of the disease.

In our experience, based on imported cases, we have observed how specific oral lesions from patients with multibacillary forms of the disease responded early after initiation of multidrug treatment. The first patient was a 38-year-old man from Brazil who had been diagnosed

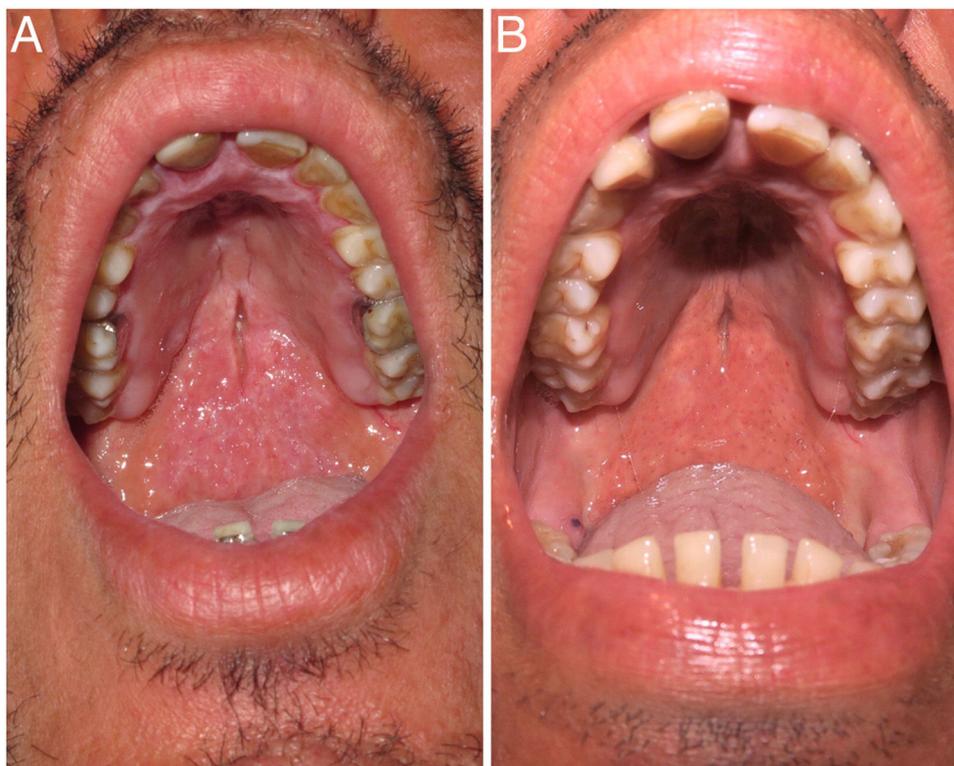


Figure 1 A, Infiltrative plaque on the mucous membrane of the soft palate. B, Clinical appearance after 2 weeks of multidrug therapy with the World Health Organization recommended regimen (rifampicin, clofazimine, dapsone).

[☆] Please cite this article as: Pulido Pérez A, Nieto-Benito LM, Bergón-Sendín M, Suárez-Fernández R. Réplica a «Caracterización de lesiones bucales de pacientes con enfermedad de Hansen». Actas Dermosifiliogr. 2021;112:384–385.

with histoid leprosy based on clinical, histopathologic, and microbiological characteristics, with a high bacillary load in samples obtained from the skin smear and the nasal mucosa. The physical examination revealed multiple nodules and shiny plaques mainly on the face. Of particular interest on the oral mucosa, we observed a plaque affecting most of the soft palate and forming a central cleft (Fig. 1A). The patient was prescribed multidrug treatment according to the World Health Organization recommended regimen (rifampicin, clofazimine, dapsone). The first clinical check-up during the 2 subsequent weeks revealed a marked improvement in the oral lesions (Fig. 1B). The second case involved a 27-year-old woman from Brazil who had been diagnosed with lepromatous leprosy and erythema nodosum leprosum as the first manifestation of the disease. In this case, facial involvement was minimal or nonexistent, with only small lepromas on the ear lobes. A plaque similar to that in the first case was observed on the oral mucosa, again on the soft palate, although it was less thick and extensive. After initiation of multidrug therapy with rifampicin, clofazimine, dapsone, and prednisone, involvement of the palatine mucosa resolved in 10 days, with no further changes on the skin surface. Furthermore, in both patients, we observed how this improvement in the oral lesions occurred in parallel to the favorable progress of nasal symptoms (congestion, rhinorrhea). The latter observation could be explained by the fact that the oral lesions developed after extension of the bacillus from the nasal mucosa.^{2,3} Another aspect of interest in these patients is the presence of lesions on the oral mucosa secondary to poor oral-dental hygiene, either as a consequence of a limitation secondary to the presence of deformities (or mutilations in advanced cases) or because of a loss of motivation for self-care.³

In summary, while our observation is based on isolated cases, we wondered whether the early response of the oral lesions could act as an additional tool for monitoring adherence to multidrug therapy. Similarly, this initial response in the oral mucosa could reinforce the patient's perception of the benefits of treatment.

References

1. Moronta Castellano G, Villarroel-Dorrego M, Crespo Lessmann L. Caracterización de lesiones bucales de pacientes con enfermedad de Hansen. *Actas Dermosifiliogr.* 2020;111:671–7, <http://dx.doi.org/10.1016/j.ad.2020.05.007>.
2. Vohra P, Rahman MSU, Subhada B, Tiwari RVC, Nabeel Althaf MS, Gahlawat MJ. Oral manifestation in leprosy: a cross-sectional study of 100 cases with literature review. *J Family Med Prim Care.* 2019;8:3689–94, <http://dx.doi.org/10.4103/jfmpc.jfmpc.766.19>.
3. Núñez Martí JM, de Fontilles Sanatorio. *Manifestaciones orales. Manual actualizado de Leprología.* Ed. Fontilles; 2008. p. 103–7.

A. Pulido Pérez*, L.M. Nieto-Benito, M. Bergón-Sendín, R. Suárez-Fernández

Servicio de Dermatología, Hospital General Universitario Gregorio Marañón, Madrid, Spain

* Corresponding author.

E-mail address: ana.pulido@salud.madrid.org (A. Pulido Pérez).

30 July 2020

<https://doi.org/10.1016/j.adengl.2021.01.025>
1578-2190/ © 2020 AEDV. Published by Elsevier España, S.L.U. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Comment on "Ectropion in Dermatologic Surgery: Exploration and Reconstruction Techniques"☆



Réplica a «Ectropión en cirugía dermatológica: exploración y técnicas reconstructivas»

Dear Editor:

We have read with interest the article published recently by Fernández-Canga et al.¹ on eyelid ectropion. Review articles, like that one, given their educational intent, bear an important responsibility, as many readers could take up certain diagnostic and treatment habits based on what they read, and this would have an impact on the care of our patients. For this reason, we would like to add some caveats

based on our personal experience of more than 15 years dedicated to oculoplastic surgery and above all based on the scientific evidence.

The review deals with a syndrome of eyelid malposition, which apart from its esthetic impact, also has mainly ophthalmologic consequences. Of note in the article was the limited mention of the ocular surface and lacrimal duct. The eyelid and the eye are intimately related, and so any patient with a problem with the eyelid should undergo full ophthalmologic study. Ectropion can be caused by rubbing watery eyes in cases of obstructions in the lacrimal duct, problems with the ocular surface, or inflammatory processes, to mention some possibilities.^{2–4} To summarize study of ectropion merely with reference to eyelid laxity and its different components, without including full ophthalmologic study, would no doubt leave many patients without an appropriate diagnosis of the cause, resulting in a lower rate of therapeutic success.

Regarding the proposed algorithm for prevention of ectropion, it is important to differentiate between ectropion caused by medial or lateral laxity and/or by retractors when we examine our patients, as treatment, and ultimately

☆ Please cite this article as: Ortiz-Pérez S. Réplica a «Ectropión en cirugía dermatológica: exploración y técnicas reconstructivas». *Actas Dermosifiliogr.* 2021;112:385–388.