MULTIPLE PERIPHERAL NEURITIS*

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The following case report is recorded briefly because of the interesting diagnostic problem it presented. The patient was referred to the Tilbury and Riverside Hospital because of ulcers on his hand thought to be due to syphilis.

Case Report

An Indian seaman, aged about 35 years, attended the special clinic. He was cooperative but spoke little English.

Examination.—He had ulcers on the palmar surfaces of the first three fingers of his right hand over the proximal interphalangeal joints. These ulcers were deep with a raw clean base, the edges were fibrillary and not “punched out” in appearance, and the surrounding tissue was normal. The knuckles were thickened to form pads which were dull red in colour, while the epitrochlear lymph nodes on the affected side were enlarged, rubbery, and moderately tender. Although the ulcers looked painful, the patient exposed them casually, and further examination showed an area of hypoaesthesia with marked hypoalgesia extending as a glove to above the elbows.

There was a white scar 0.5 cm. in diameter on one ankle, which the patient explained by saying that he had had a sore there similar to those on his hand some 3 months earlier. The big toes appeared shiny and “stubby”. Here again examination with pin and cotton wool showed an area of greatly reduced sensation extending as a stocking almost to the knees. Apart from loss of the supinator reflexes and diminution of the ankle jerks, no other abnormality of the nervous system was found, there being no undue tenderness of the calves or any other site. There were depigmented patches on the skin of the trunk which were unscarred, oval in

shape, and only just perceptible. On being questioned, the patient said that they had been left by a skin rash which he had had some years earlier. There were some scattered coarse crepitations and rhonchi upon auscultation of the chest. Otherwise general examination revealed no abnormality.

Diagnosis.—It was clear that the patient had trophic ulceration due to multiple peripheral neuritis. Nutritional and toxic factors, also leprosy, are the commonest causes of this condition in the Asiatic. The patient however appeared well nourished, the tongue was normal, and there was neither evidence of anaemia nor history suggesting alcoholism or any other toxic factor.

An unselective polyneuritis is probably never caused by syphilis; when it does occur in the presence of syphilis it is usually due to treatment or to unrelated causes.

The patient denied that he had ever been ill, but then, after reflection, said that when he had the skin rash, in about 1945, he was admitted to hospital with other Indians and Africans and was given “many tablets” each day for 3 months but no injections.

Trophic ulceration due to multiple peripheral neuritis caused by leprosy was then diagnosed clinically and subsequently confirmed.

Further Investigations.—

Blood Wassermann and Kahn reactions	..	Negative
Cerebro-spinal fluid		Normal
Intranasal smear		No Hansen's bacilli seen
Biopsy of nerve		Typical changes of leprosy

In addition to the findings given above later examination showed small nodules along the course of the ulnar nerve. The “enlarged epitrochlear lymph nodes” previously noted were probably big ulnar nerve nodules. The depigmented skin patches were shown to be hypoaesthetic and the diagnostic biopsy was obtained from an intercostal nerve.

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