

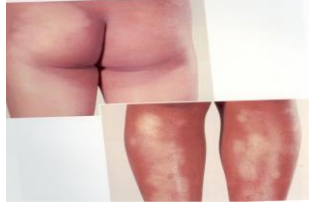















Differential Diagnosis for leprosy

Differential Diagnosis of Flat Lesion

<p>BIRTH MARK OR NAEVUS</p>  <ul style="list-style-type: none"> ▪ Present since birth. ▪ Edges sharply defined saw tooth appearance ▪ Normal sweating. ▪ Sensations intact. ▪ Triple response normal ▪ Along line of Blaschko 	<p>VITILIGO</p>  <ul style="list-style-type: none"> ▪ Depigmented lesion ▪ Sweating normal. ▪ Sensations intact. ▪ White hairs on lesion. 	<p>CONTACT DERMATITIS</p>  <ul style="list-style-type: none"> ▪ Itching common. ▪ Sensations intact. ▪ On exposed-contacting part ▪ History of acute oozing phase
<p>LICHENOID DERMATITIS</p>  <ul style="list-style-type: none"> ▪ Sensation normal ▪ Patch itchy ▪ Hypo-pigmented to violaceous ▪ Small lesions coalescing 	<p>TINEA VERSICOLOR</p>  <ul style="list-style-type: none"> ▪ Sensations normal. ▪ Patches have variable mild itchy ness ▪ Seasonal. ▪ Fungus can be demonstrated. ▪ Start around hair follicle opening ▪ In seborrhoeic sites 	<p>SEBORRHOEIC DERMATITIS</p>  <ul style="list-style-type: none"> ▪ Sensations normal. ▪ Sever itching on patches. ▪ Scalp commonly involved. ▪ Oily yellowish scales
	<p>SCAR TISSUE</p>  <ul style="list-style-type: none"> ▪ History of injury/trauma ▪ Sensations may or may not be present 	

Differential Diagnosis of Raised Lesions

<p>GRANULOMA ANNULARE</p>  <ul style="list-style-type: none"> ▪ Annular (ring shaped orientation) in extremities ▪ No sensory impairment or nerve changes ▪ History/family H/o Diabetes 	<p>GRANULOMA MULTIFORME</p>  <ul style="list-style-type: none"> ▪ Large –dramatic geographic patches ▪ without skin sensory changes ▪ nerve involvement absent 	<p>RING-WORM</p>  <ul style="list-style-type: none"> ▪ Sensations normal. ▪ Scaly appearance at periphery if untreated ▪ Itchy patches. ▪ Superficial look. ▪ Fungus can be demonstrated (if untreated)
<p>LYMPHOMA</p>  <ul style="list-style-type: none"> ▪ Sensations normal ▪ Long standing lesion ▪ Associated lymphadenopathy hepato- splenomegaly ▪ Nerves normal 	<p>LUPUS VULGARIS (Skin TB)</p>  <ul style="list-style-type: none"> ▪ Sensations usually normal ▪ Lymph node involvement ▪ Area of healing with scar ▪ Area of activity erythematous 	<p>PSORIASIS</p>  <ul style="list-style-type: none"> ▪ Silvery- Scaly lesions on extensor surface ▪ Sensations normal ▪ On scraping leaves bleeding points (Auspitz sign) ▪ Increases during winter/ summer (seasonality) ▪ Joint involvement may be present
<p>Differential Diagnosis of Nodular Lesions</p>		
<p>NEUROFIBROMATOSIS</p>  <ul style="list-style-type: none"> ▪ Coffee-ground coloured macules ▪ Soft multiple nodules, painful on pressure (sometimes) ▪ Skin smears negative for M. leprae. ▪ Iris lesions (Refer to eye specialist) ▪ Familial ▪ Present since birth/early childhood 	<p>DERMAL LEISHMANIASIS</p>  <ul style="list-style-type: none"> ▪ Nodules/ infiltration on face on even ear like LL ▪ History of kala-azar. ▪ Skin smears negative for M. leprae. ▪ No sensory changes ▪ No nerve abnormalities 	<p>XANTHOMATOSIS</p>  <ul style="list-style-type: none"> ▪ Skin coloured to yellow nodules papules plaques on tuberosities (bony prominences) ▪ Uncommon condition ▪ Skin smears negative for M. leprae. ▪ Blood cholesterol level high. ▪ No nerve lesion

Differential Diagnosis of Neurological Conditions

DIFFERENTIAL DIAGNOSES OF NEUROLOGICAL CONDITIONS:

1. Post infectious (viral)
2. Diabetic Neuropathy
3. Alcoholic Neuropathy
4. Syringomyelia
5. Tabes-dorsalis

POST INFECTIONS (VIRAL) Sensory/motor peripheral neuropathy.

1. Acute/sub-acute onset
2. Correlation (temporal) with recovery from viral illness
3. Neuritic symptoms heralds onset, may quieten later
4. Variable sensor/motor loss-different from leprosy
5. No nerve thickening/skin patch

DIABETIC NEUROPHATHY

1. Distal bilateral neuropathy.
2. 'Glove & stocking' type of anaesthesia.
3. 'Burning feet' syndrome.
4. Knee and ankle reflexes lost.
5. High blood sugar level.
6. Peripheral nerves normal

ALCOHOLIC NEUROPATHY

1. Patient has alcoholic history
2. Face that of an alcoholic
3. Red-angry tongue
4. Cheilitis present. (Inflammation of the lips)

SYRINGOMYELIA

1. Uncommon condition
2. Disease of CNS
3. Cause unknown
4. Heat and pain sensation lost
5. Touch sensation present
6. Peripheral nerves not enlarged

TABES - DORSALIS

1. A variety of neurosyphilis.
2. Intense, recurring lightning pain in legs.
3. Stamping type of gait.
4. Romberg's sign positive
(Inability to stand erect with eyes closed & feet together)
5. Knee reflexes absent.
6. Common Peroneal nerve normal