Leprous Polyneuritis Cranialis Mimicking Orbital Apex Syndrome

Savali Sultane
Senior Resident in Neurology, Dept. of Neurology, Sahyadri Specialty Hospital, Pune, Maharashtra

Sir,

The article titled “Leprous Polyneuritis Cranialis Mimicking Orbital Apex Syndrome” published in the August 2014 issue of JAPI by Londhey V, et al has many shortcomings in its work up and I beg to differ with the diagnosis of leprosy causing orbital apex syndrome.

There is no account of CSF analysis; and work up for other inflammatory, infectious and neoplastic causes of orbital apex syndrome is lacking.1 The reported MRI of brain shows extensive soft tissue, neural and bone enhancement that is bilateral and suggestive of a widespread pathology of the orbito-nasal tissues. The thickening of the nerves would occur in any inflammatory or neoplastic pathology apart from infection as claimed in the article.

It would have been appropriate to biopsy the thickened nasal mucosa of the right maxillary sinus as seen in CT scan of brain and paranasal sinuses (which was done outside our institute). However considering the rapid response to steroids and anti-leprosy treatment, we deferred the biopsy of nasal mucosa.

At 1 year of follow up of the patient, his skin lesions have completely resolved. The ophthalmologic problems have resolved as well and the patient is asymptomatic. A repeat MRI (brain and paranasal sinuses) is normal. We realize that the initial response could be because of anti-inflammatory effects of steroids, however steroids were stopped after a period of one month and the response was sustained only because of anti-leprosy drags.

Hence we are dealing with a single diagnosis of leprosy, which mimicked orbital apex syndrome and did not cause orbital apex syndrome. Since the patient is presently asymptomatic, further investigations are not mandated.

References

Reply from Author

Vikram A Londhey
Associate Professor, Department of Medicine and Rheumatology Clinic, TNMC and BYL Nair Ch Hospital, Mumbai, Maharashtra

Sir,

We thank Dr. Savali Sultane for showing keen interest in our article. We would like to clarify that as mentioned in the title, Leprosy is mimicking orbital apex syndrome. Our patient did not have orbital apex syndrome.

Biopsy of the skin confirmed border-line tuberculoid leprosy. Yes, we had thought about biopsy of the thickened nasal mucosa of right maxillary sinus as seen in CT scan of brain and paranasal sinuses (which was done outside our institute). However considering the rapid response to steroids and anti-leprosy treatment, we deferred the biopsy of nasal mucosa.

As I understand, the cranial neuropathies in leprosy occur in the course of their extra-cranial portion. The intracranial part of the optic nerve which is located in the apex of the orbit is however spared.

He deserves further investigations.