A 61-year-old man with type 2 diabetes mellitus and hypertension presented with painful hand and foot swelling over 2 months. He had asymmetric, tender, pitting edema of the dorsum of both hands and feet extending beyond the joint line, thickened greater auricular and ulnar nerves, clawed fingers, sensory loss of the feet, neurotrophic foot ulcers, and an erythematous edematous patch over the knee (figure). Investigations ruled out cardiac, renal, liver, thyroid, haematological, and autoimmune abnormalities contributing to the oedema. A slit skin smear stained positive for mycobacteria. A diagnosis of multibacillary leprosy and Type 1 Lepra reaction was made. The acral swelling improved slowly over weeks following the initiation of multibacillary anti-leprosy treatment and prednisolone.

Hands and Feet syndrome, which resembles remitting seronegative symmetrical synovitis with pitting edema (RS3PE), is an uncommon musculoskeletal presentation of leprosy.(1,2) It is due to extensor tenosynovitis, which may be visualised ultrasonographically or by magnetic resonance imaging. In the upper limbs, edema can extend from the metacarpophalangeal joints to the mid-forearm. (1) A biopsy of an inflamed tendon nodule may reveal granulomata with mycobacteria.(1)

The most common musculoskeletal manifestation in leprosy is acute symmetric small and large-joint...
Polyarthritis resembling rheumatoid arthritis seen in Lepra reactions. Other manifestations such as chronic monoarticular osteoarthritis, neurogenic or Charcot’s arthropathy, spondylarthropathy, sacroiliitis, enthesitis, dactylitis, and dermatomyositis, systemic lupus erythematosus or systemic sclerosis-like presentations have also been reported.

Consent for publication was obtained from the patient.

Author information

¹National Hospital Kandy, Sri Lanka

References