



Figure 2. Higher power magnification reveals lack of necrotic material within the granuloma. Also seen is peri-granulomatous connective tissue (arrow) consistent with fibrosis which can sometimes be a marker of long-standing sarcoid.

IMAGE IN MEDICINE

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Pictured here is the back of a man with leprosy who had been treated at Acworth Leprosy Hospital in Mumbai, India. Note the diffuse, macular, hypopigmented rash. Leprosy is a chronic disease caused by infection with *Mycobacterium leprae*. The disease can affect a variety of organs including peripheral nerves, skin, muscle, eye, bone, and testes. Leprosy is diagnosed clinically by the presence of at least one of the following: hypopigmented patches, loss of cutaneous sensation, thickened nerves, and acid-fast bacilli in nasal or skin smears.

The prevalence of leprosy has decreased worldwide due to multi-drug therapy and public health programs focused on education and detection of the illness. Multi-drug therapy consists of the bactericidal drugs: rifampin, dapsone, clofazimine, ethionamide and protonamide. Quinolones, minocycline, and clarithromycin are not part of the normal regimen, but can be combined with rifampin, primarily in single lesion leprosy. ■

In November 2005 Dr. Baranoski spent several weeks observing various clinics and hospitals in Mumbai, India where she captured the following image.

