

From: "ROOT" <root@sctimst.ac.in>
To: "ROOT" <root@sctimst.ac.in>
Date: 15/09/2025 08:42 AM
Subject: Student CPC

Greetings from AIIMS, Rishikesh!!

The next student CPC is scheduled on **Sept 15, 2025, in the CPD Hall, AIIMS Rishikesh**, from **8:00 AM to 9:00 AM**.

You can also join online through the following Webex link:

Meeting link:
<https://aiimsrishikesh.webex.com/aiimsrishikesh/j.php?MTID=m482e277240cf627cfd129da84fb2145a>

Monday, Sept 15, 2025, 8:00 AM | (UTC+05:30) Chennai, Kolkata, Mumbai, New Delhi

Meeting number: 2519 974 4121
Meeting password: 150925

The Clinical handout of the case to be discussed is attached herewith.

Thanks & Regards
Regional Resource Centre
Dept of Telemedicine and Biomedical Informatics
AIIMS Rishikesh

CPC Protocol (15.09.2025)

Department of Dermatology, Venereology and Leprosy

Mr. A	UHID: 20250000857	Presenter: Dr. Abhyarthna Karia
37 Years	Male	Consultant-in-Charge: Dr Sushantika, Assistant Professor

1. History:

Multiple red raised painful lesions and raw areas with pus discharge on different parts of body since 12 days

Started abruptly from upper limb and rapidly progressed to involve lower limb, chest, abdomen and buttocks in 4 to 5 days.

Pus formed within the lesions and ruptured spontaneously to form raw areas

Intermittent episodes of high-grade fever X 12 days

No preceding drug intake or infection

No history of similar lesions in past

• **Past History & Family history:**

Not significant

• **Occupation history:**

Laborer

• **Treatment history:**

Previously received oral medications

No improvement in symptoms

2. General, Physical and Systemic Examination:

- Conscious, co-operative, Febrile with Temperature of 101.2 F
- No pallor, icterus, cyanosis, clubbing, oedema
- Bilateral tender inguinal lymphadenopathy of size 1x0.8cm
- Systemic examination: WNL

3. Mucocutaneous examination:

- Body Surface Area (BSA) involved: Approximately 35%
- Multiple well to ill defined erythematous tender nodules and plaques of size ranging from 0.5 X 0.5cm to 2 X 2cm present on bilateral upper limb, lower limb, trunk and buttocks with few lesions showing central pustulation.
- Multiple well defined punched out ulcers showing central necrosis with yellowish slough at the base and overlying yellowish to hemorrhagic crusting present on bilateral upper limb, lower limb, trunk and buttocks.
- Infiltration present in bilateral ears
- Mucosae including oral mucosa, nail and hair – WNL
- Sensory examination: Loss of hot and cold differentiation in bilateral upper limb upto mid forearm and bilateral lower limb upto mid shin.
- Reduced sensation to fine touch by approximately 40-50% in ulnar nerve distribution on left upper upto mid forearm.
- Reduced sensation to fine touch by approximately 50-60% in bilateral lower limb upto mid shin.
- Motor examination: Book test, Card test, Egawa test, Wartenberg sign, Beak sign positive in left hand

- Nerve examination: Bilateral ulnar nerve grade 2 thickened, left radial cutaneous nerve and left posterior tibial nerve grade 1 thickened.

4. Clinical Differential diagnosis:

1. Lepromatous leprosy with erythema nodosum leprosum necroticans
2. Lepromatous leprosy with lucio phenomenon

4. Bedside tests:

- Slit Skin smear – Acid fast bacilli seen with bacteriological index of 1.6+ and morphological index of <10%.
- Skin biopsy – sent for histopathology

6. Pathological findings, Diagnosis and Treatment: To be discussed.