

Hanseniasis of the upper airway: a case report requiring tracheostomy and its relationship to the care of birds

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CASE REPORT

Mr. Pedro was 62 years old when he arrived at the Hospital Lauro de Souza Lima in 1979. He was emaciated, frightened, hopeless and abandoned by his family. He did not just have regular Hansen's disease, he had to suffer more than most. Covered with large, elevated plaques from head to toes that were in some places ulcerated, he also had recurrent episodes of severe neuritis with constant pain and fever. He had a collapsed nose and loss of eyebrows, indicating that he was a multibacillary patient close to the lepromatous pole. This man represented the true "historical and biblical leprosy".

His mouth and nasal mucosa showed similar granulomatous elevated lesions. His voice was hoarse and husky and his breathing was loud. Over a period of four months he was treated with Rifampicin and Dapsone and corticosteroids for his type 1 reaction (reversal reaction) and slowly improved. He was a patient that everybody liked and respected. He gained weight and new hope for life. One could see this very tall man walking the corridors of the hospital friendly and ready to assist where need arose.

But then the reactions returned. They were mainly the type 1 or reversal type of reactions although his clinical situation was that of a lepromatous patient with a 4+ bacteriological index. But a nerve and skin biopsy showed elements both, of lepromatous and borderline leprosy. The response to treatment was slow and erratic. His voice changed to a rasping low sound.

One night the upper airway closed rapidly, with no response to intravenous corticosteroids. Preparing for an emergency tracheostomy, he had a complete cardiac arrest. After a crash tracheostomy and resuscitation methods, he recovered within a few minutes and regained consciousness

and normal cognitive functions.

The following morning there was a commotion in the recovery room. Several staff members were trying to hold Sr. Pedro down in bed. He was gesticulating with both hands, touching his thumbs to finger tips in a rapidly pinch motion. Nobody in the room could figure out what he meant and why he was so insistent in leaving his bed.

At the moment the resident lady doctor who was in charge of his care walked in. She looked at the scene, Sr. Pedro saw her and made more hand movements towards her, looking with very big eyes. The lady doctor suddenly started to laugh. Everybody was quiet including Sr. Pedro. Then the doctor said: "Mr. Pedro don't worry I will feed your birds" and Mr. Pedro relaxed, smiled and laid down again.

The story we heard was that Mr. Pedro had made it his daily duty to collect the rests of bread crumbs and pieces from breakfast on his ward and feed the birds outside. He, who had suffered stigma and the worst pain leprosy can inflict and was sent back from death's dark door twelve hours ago, was worried about little birds that might not get a full breakfast!

Because of severe scarring in his larynx this patient required a permanent tracheostomy. He died in 2001 from complications of *micosis fungóides*. Its clinical evolution was published in another issue of this journal (Fleury, 1999).

Although this might not be a highly scientific paper, it meant to remind all primary care givers in leprosy, that the larynx is still involved in most multibacillary patients. With the reduction in the number of doses of MDT (multidrug therapy) we might see again severe complications of leprosy of the larynx. It is also a remarkable clinical observation to witness how a person that has suffered more than most has still left enough love, compassion and dedication to care for little birds.

REFERENCE

1. FLEURY, R.N. *Micose fungóide*. *Hans. Int.*, v. 24, n. 2, p.237-143, 1999.

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