Case reports

Need for alternative treatment in leprosy in the face of drug induced hepatitis

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Introduction

Conventional multibacillary treatment regime (MBT) has been effective for leprosy[1], but all three drugs used in MBT namely dapsone, rifampicin and clofazimine can induce hepatitis. Second line treatments such as ofloxacin and clarithromycin too can be hepatotoxic.

Here we report a patient with borderline lepromatous leprosy who developed hepatitis to multiple drugs. He was ultimately successfully treated with oral fusidic acid.

Case history

A twenty three year old patient presented with borderline lepromatous leprosy and mixed type lepra reactions. He developed acute drug induced hepatitis to dapsone, clofazimine and ofloxacin in combination and alone. The alternative drug minocycline is not available in Sri Lanka. Hence oral fusidic acid 500 mg daily was started. His initial bacillary index was 5 and morphological index was 4 and after completion of two months of treatment with fusidic acid it came down to 4 and 0 respectively.

Discussion

The WHO recommended chemotherapy for leprosy is well accepted, well tolerated[1] and has greatly helped in controlling the disease in our country. However, side effect such as drug induced hepatitis can cause problems. Drug-induced hepatitis is uncommon and generally unpredictable. Acute hepatocellular hepatitis may be severe enough to cause fulminant hepatitis, or of a more insidious course leading to cirrhosis. Cross hepatotoxicity can sometimes occur[2]. One should be careful of re-administration of the causative drug or drugs with a related chemical structure[3].

Dapsone, clofazemine and rifampicin carry a risk of inducing hepatitis. Also some patients can develop hepatitis not only to above mentioned three drugs but also alternatives drugs such as fluoroquinolones (ofloxacin), macrolides (clarithromycin) and minocycline[1].

Under such circumstances physician faces the problem of finding a suitable alternative. Fusidic acid, both systemic and topical, has been used for a wide variety of less common infections including leprosy[4]. In some resistant cases successful outcome has been reported with 4 months of treatment with fusidic acid[5]. Our patient also responded well.

This case highlights the urgent need to find alternative therapy for leprosy.

References

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