

Group	Number of patients (n)	Number of patients with QT prolongation (n)	Percentage (%)
MDR-TB (n=40)	40	22	55%
Non-MDR-TB (n=40)	40	17	42.5%
Total (n=80)	80	39	48.75%

Table 2. Univariate analysis of QTcF data - prolongation compared with no prolongation

## Table 2 - Univariate analysis of cohort with QT prolongation vs. no QT prolongation

**Conclusion:** Our results suggest that a 9–11 month regimen has acceptable early cardiac safety. As expected, QTcF is prolonged, the significance of which in MDR-TB patients requires further investigation.

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## Detection of mycobacterium leprae in tissue sections using auramine O fluorescent stain versus modified fite-faraco: A comparative study

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**Background:** Modified Fite-Faraco method is commonly used for detection of lepra bacilli in the tissue samples. Recently, fluorescence microscopy have provided enhanced sensitivity and specificity over those of the conventional techniques especially when lepra bacilli numbers in tissue specimens were low. The present study was initiated to compare conventional Modified fite-faraco based detection of lepra bacilli detection with Auramine stain-based fluorescence microscopy.

**Methods & Materials:** One hundred eighteen skin biopsies was obtained from patients clinically diagnosed as leprosy. Disease was classified into Indeterminate (I)(n=28),Tuberculoid (TT=2), Borderline tuberculoid (BTH,n=67), Borderline borderline (BB,n=2), Borderline Lepromatous (BL)(n=13) and Lepromatous (LL,n=6). Each biopsy was stained by Auramine and Modified Fite-Faraco. The sections was screened for the detection of lepra bacilli. Sections stained by Auramine was seen under Fluorescent microscope which showed bright yellow rods against dark background.

**Results:** Out of 118 biopsies, 75 were positive by Auramine while only 41 by Modified Fite- faraco. Out of 28 Indeterminate cases 12(42.9%) showed bacilli by Auramine and 2(7.1%) by Modified Fite-Faraco. 42(62.7%) out of 67,and 20(29.9%) out of 67 BTH patients were positive by Auramine and Modified Fite-Faraco respectively. Biopsies from BB were positive by both the methods.In BL/LL Modified Fite-Faraco detected bacilli in 11 out of 13(84.6%) and all 6(100%) respectively while Auramine detected bacilli in all 19(100%)BL/LL biopsies.

**Conclusion:** Auramine and Modified Fite-Faraco are equally sensitive for detecting lepra bacilli in lepromatous pole. The Auramine method was found to be superior to Modified Fite-Faraco especially in early spectrum of leprosy.

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## Curvilinear scars indicator of Lucio's phenomenon in leprosy

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**Background:** Lepromatous leprosy may present two types of vasculonecrotic reactions. Lucio's phenomenon and that associated with ENL. We present a case of lepromatous leprosy that developed Lucio phenomenon and ENL

**Methods & Materials:** A 28yr old male complained of asymptomatic red raised lesions over body since 1 ½ months which subsided with atrophic scars. He had past history of recurrent evanescent painful nodules.

On examination multiple curvilinear jagged atrophic scars with surrounding halo of hypopigmentation were seen over arms, fore-arms, and legs. Multiple thickened nerves were present. Sensations were normal except for decrease in temperature and hot-cold on medial aspect of the left palm.

Punch biopsy from the margin of a scar showed leukocytoclastic vasculitis,thrombosed blood vessels,infiltration of histiocytes,Langerhans giant cells in dermis, and AFB in endothelium on Modified Fite Faraco staining. Another punch biopsy from a newly developed nodule showed obliterative granulomatous medium vessel vasulitis with presence of AFB in endothelium on Modified Fite Faraco staining. Slit skin smear showed 4+ BI on average. After a month of starting MDT and systemic steroids,patient developed multiple ENL, which subsided with appropriate treatment

**Results:** Based on characterstic curvilinear scars, small and medium sized vasculitis and presence of AFB globi in endothelium, a primary diagnosis of Lucio's phenomenon was made. After a month of starting MDT and systemic steroids, patient developed multiple ENL, which subsided with appropriate treatment. So a final diagnosis was coexisting Lucio phenomenon and ENL in lepromatous leprosy

**Conclusion:** Lucio's Phenomenon is very rarely reported from India. We report this case to highlight the difficulties in differentiating LP from necrotic ENL.

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