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## Rifampicin, Ofloxacin, Minocycline regiment in borderline lepromatous leprosy with erythema nodosum leprosum: A case report

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Leprosy is a chronic granulomatous infection caused by *Mycobacterium leprae*. Erythema nodosum leprosum (ENL) is an immune-mediated complication of leprosy. So far, however, there is no consensus of the most suitable new anti-microbial combination regimen. Rifampicin, Ofloxacin, Minocycline (ROM) is an alternative regimen for leprosy with high compliance. In the late 1990's, there were some studies using ROM therapy, some studies include multiple lesion of paucibacillary and multibacillary leprosy. To date there is only two reported studies that using multiple doses of ROM monthly for 24 months in Lepromatous Leprosy (LL) and Borderline Lepromatous (BL). Depending on the severity of ENL, various treatments such as non-steroid anti-inflammation in mild case and corticosteroid and thalidomide in severe cases were used. We reported a 54 years old man with red plaques and nodules on the body since three months with anesthetized. Acid-fast bacilli (AFB) staining showed positive result and Fite-Faraco examination showed a group bacilli of *Mycobacterium leprae*. The conclusion of anatomy, pathologic examination was borderline lepromatous leprosy with ENL. Patient was treated with Rifampicin (600 mg), Ofloxacin (400 mg), Minosiklin (100 mg) every three times a week with total of 65 doses and Prednisone 30 mg a day. After 12 months, we evaluated the patient with acid-fast bacilli stain procedure and the result was negative. Red plaque and nodules was disappeared and changed to hyperpigmentation post inflammation.

### Biography

Dyah Pratiwi Purnaningsih is a student, interested in Dermatology and Venereology field. She is presently studying Dermatology and Venereology in Hasanuddin University, Indonesia.

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