DESCRIPTION

A painless lump over the left lateral aspect of the neck was the sole presenting complaint of a 54-year-old gentleman. On examination, the lump was cord-like, non-tender, non-pulsatile and mobile (figure 1). There were no other lumps or elsewhere in the body. Doppler ultrasonography of the
neck was suggestive of left external jugular vein thrombosis. Contrast enhanced multi-detector CT imagery showed that the lump (figure 2A) was continuous inferiorly with the external jugular vein which was not patent above the level cranial to the lump (figure 2B). A fine needle aspiration cytology of the lump yielded a granulomatous aspirate. Ziehl–Neelsen staining of the aspirate showed acid fast bacilli, some of them arranged in clusters (globi) (figure 3). A careful clinical examination on the lines of leprosy revealed patchy areas of sensory loss over the face and the radial aspect of the left forearm. Slit-skin smears from these patches also were positive for acid fast bacilli. The diagnosis was hence established as leprosy (Hansen’s disease). Leprosy is a disease known for a characteristic predilection towards two particular tissues—skin and nerves. Vascular involvement is rare and when present may be a part of disseminated disease in advanced cases. Lepromatous phlebitis of the external jugular vein as a presenting feature is an extremely rare occurrence, and a thorough literature search yielded only a single prior documented case. Lepromatous involvement of blood vessels is likely to be secondary to involvement of the nervi-vasorum of the blood vessels.

Competing interests None.
Patient consent Obtained.

REFERENCES