Summary

Abacterial pyuria is a definite entity, probably caused by an ultramicroscopic virus.

The literature, aetiology, symptomatology, diagnosis, and treatment are reviewed.

A case is reported.

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Clinical Memoranda

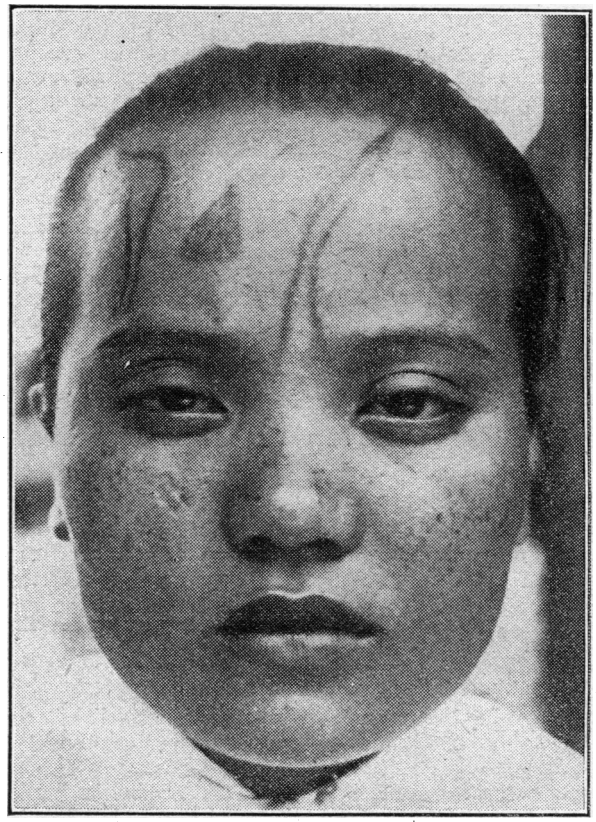
Trigeminal Pain due to Leprosy

The following case is perhaps worthy of record not because trigeminal pain has not been described as occurring during the course of leprosy but because in the common practice of neurology leprosy is not often considered as an aetiological factor of the pain. There appears to be no reference to leprosy as a cause of trigeminal pain in our larger textbooks of neurology, and in the books on leprosy itself one finds little helpful reference and no case records. Monrad-Krohn (1923) in his treatise on the neurological aspect of leprosy mentions that in the maculo-anaesthetic form of leprosy acute swellings of the corresponding nerve occur accompanied by neuralgic pain, and there is a very good illustration of a patient from Dr. H. P. Lie's clinic in which a swelling of the left supra-orbital nerve is shown. Dr. G. A. Ryrie, medical superintendent of the Sungei Buloh Leper Settlement, in a personal communication mentions that he has seen only a few cases of trigeminal pain in lepers, and so far as he is aware thickening of the supra-orbital nerve with a localized skin lesion has not been recorded as a primary lesion. The present case is also of interest because of the long history of facial pain, finally severe enough to bring the patient to hospital.

CASE REPORT

On May 12, 1939, a young Cantonese amah aged 22 came to the General Hospital complaining of severe pain over the right forehead. About one and a half years previously she had noticed rather curious attacks of twitching, with numbness and pain in the right frontal region. These attacks came on every two or three days and would last about twenty minutes. She noticed that the right frontalis muscle would give a series of short contractions, following in rapid succession; then there was a pause followed by another paroxysm. The contractions were said "to resemble the skin twitch of a horse's flank when a fly alights." She would then feel a numbness appearing just above the upper eyebrow and spreading irregularly upwards. This was followed by a fairly sharp burning pain lasting twenty minutes and then becoming much more dull. During the day of one of these attacks the skin of the right forehead felt numb on light stroking, but there was pain on deep pressure. Aspirin mitigated these attacks to some extent, but they gradually became more frequent until she was getting several in a day. Three months before admission the pain had become much more severe, and would be brought on by accidental knocks sustained while playing with the children. By this time it would radiate upwards over the right half of the scalp till it reached a level roughly coinciding with the ear tip, and it had become severe enough to cause her to lie down when the paroxysm came on. The forehead was now numb all the time.

On examination the patient appeared robust and well nourished. The right supra-orbital nerve could be seen to be much thickened as it left the foramen. This thickening was visible over a considerable area of the nerve, and its bifurcation into two branches, one lateral and one medial, could be clearly observed. Situated above the supra-orbital notch there was a small patch of slightly upraised and slightly reddened skin. On viewing the patch from the side it was observed that the texture of the cutaneous surface was slightly rougher than that of the surrounding skin. Palpation revealed an irregular thickening of the nerve tissue; pressure upon both supra-orbital nerves gave rise to no pain. There was anaesthesia to pin-prick over the small patch illustrated



in the photograph. Analgesia extended outwards on each side, following the inner lines in the illustration. Light touch to cotton-wool was abolished over the area embraced by the outer lines. The appreciation of protopathic hot and cold roughly corresponded with the area of total anaesthesia. Epicritic hot and cold corresponded almost exactly with the outer lines on the illustration. There was no demonstrable anaesthesia of the cornea and no weakness of the facial musculature except perhaps a slight narrowing of the right palpebral fissure.

An investigation for other signs of leprosy elsewhere in the body was negative. The biopsy report on a small portion of the nerve and sheath removed for section was: "Ziehl-Neelsen stain showed the presence of acid-fast bacilli. A few small remnants of nervous tissue can be recognized. There is an overgrowth of fibrous tissue. Areas of round-cell infiltration are present in surrounding tissue."

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