In Response

Dear Sir:

The article titled “Non-trophic cutaneous ulcers in lepromatous leprosy” published in the *American Journal of Tropical Medicine and Hygiene* highlights a unique pattern of distribution of cutaneous ulcers in lepromatous leprosy.¹ As correctly pointed out by Leisure,² the ulcers on the dorsum of the foot (except on the ankle) present along the hyperpigmented areas probably were induced by her sandal straps and toe thongs. In this case, these ulcers could have been caused by the true neuropathic skin breakdowns induced by the constant rubbing of the sandal straps over the skin. However, on reviewing the details of the type of footwear used in the past, she categorically denied using footwear with encircling skin straps over the ankle. Hence, although the ulcers on the feet could be described as neurotrophic ulcers in atypical locations, the healed ulcer over the ankle (in the absence of a definite historical etiological clue), lack of neuropathic ulcers in the classical sites (weight-bearing regions like the heel and the ball of the big toe), and evidence of cutaneous vasculitis may be relative soft pointers against the postulate. Our patient lived in rural northern India, and she spent the majority of her time in the kitchen doing household work. The majority of common Indian household work implicates the palmar aspect of the hands and fingers rather than the dorsum. The unique

pattern of distribution of hand ulcers in our patient (involvement of the dorsal aspect of fingers with complete sparing of the palmar aspect and fingertips) also makes it a bit difficult to attribute these ulcers to any common day-to-day activity to which she was exposed. Nevertheless, we do agree that “atypical neurotrophic ulcers” would have been a better term to use in our study¹ than “non-trophic cutaneous ulcers,” which was rightly pointed out by Leisure.²

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2. Leisure KM, 2014. Footwear tracks on leprosy feet. *Am J Trop Med Hyg* 90: 585.