INTRODUCTION

Two sets of remains in the Giezecz Collection (11th - 12th c.) exhibit possible manifestations of leprosy, which may be the earliest cases from Poland. Although leprosy flourished throughout Europe during the Middle Ages, few cases have been reported in either the historic or archaeological literature for the medieval period of Poland[1,3,5]. This presentation describes two possible cases of leprosy observed in the Giezecz Collection and offers differential diagnoses.

SKELETAL MANIFESTATIONS OF LEPROSY

Leprosy (Hansen's disease) is an infectious disease caused by Mycobacterium leprae[2]. Skeletal manifestations of leprosy are extensive, both for those directly and those indirectly caused by the bacteria, and too few to describe in this presentation. So called facies leprosorum[4] or rhinohyrorocephaly[5,6], osteomyelitis, and cortical non-pyogenic lytic foci are the direct effect of hematogenous spread of M. leprae, unless the septic changes. Sequestration occurs when pyogenic bacteria invade the ulceration that results from injury and tissue necrosis directly caused by M. leprae-induced neuropathy (both sensory and motor nerve damage). Neuropathic manifestations in the hand and foot occur in more advanced stages of leprosy, yet are the most common joint lesion reported for this disease[8].

CASE 1

-Grave 7/2/1 is an adult of undetermined sex. Inflammatory changes are observed on the left fibula (Fig. 1a), including prolific subperiosteal reaction along the anterior border (Fig 1a) and less severe periosteal reactions on the lateral surface (Fig 1b). The left talus exhibits lipping and osteophytes along the margins of the flexor hallucis longus tendon groove (Fig 2). The head of the left 1st metatarsal (Fig 3) is resorbed with bony spicules remaining. The left 2nd metatarsal (Fig 4) exhibits osteophyte formation on the lateral aspect of the proximal dorsal surface. The only possible manifestations observed on the left lateral and intermediate cuneiforms are osteophytes on the dorsal surface.

- On the right side, the head of the 2nd metatarsal (Fig 1c) is completely resorbed (penciling), and there is atrophy of the distal. The 3rd metatarsal (Fig 4c) also exhibits resorption/deforation of what is the head. Proximal and intermediate pedal phalanges (Fig 4a-c) demonstrate ankylosis. The proximal phalanx in particular exhibits complete resorption of the proximal base and atrophy of the shaft, while the intermediate exhibits resorption of the base on the plantar surface and osteophyte formation on the dorsal surface. The cuneiforms, navicular, and cuboid all exhibit some osteophyte formation observed on the left side, while the navicular also exhibits lytic lesions on the proximal surface (tarsal articular).

In addition, one unissued proximal pedal phalanx shows early signs of resorption of the base and in another proximal pedal phalanx, atrophy of the shaft.

REFERENCES CITED

Møller et al, inflammatory/th 12--left surface of intermediate exhibits flexor anterior on Neuropathic by Leprosy observed period have been leprosy and ankylosis[7]. Mons Sancti Rzeczycka, J., 1976. A case of leprosy from a medieval burial ground. Folia

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