The historical differential diagnosis of the disease that afflicted Aleijadinho, the famous 18th century Brazilian sculptor

O histórico diagnóstico diferencial da doença que afetou Aleijadinho, famoso escultor brasileiro do século XVIII

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ABSTRACT

Background: The famous Brazilian Baroque sculptor named Antônio Francisco Lisboa, known as “Aleijadinho” (1738–1814), suffered from a deforming disease of the lower and upper limbs. The condition was characterized by atrophy, paresis and amputation. His face was also affected, with inflammation of the eyelids, deviation of the labial commissure, drooping of the chin and lower lip, giving him a sinister expression. Despite the disabling and chronic illness, he produced several works of great expression in the 18th and 19th centuries. Some of them were declared World Heritage Sites by United Nations Educational, Scientific and Cultural Organization (UNESCO).

Objective: To discuss the historical differential diagnosis of Aleijadinho’s disease through a narrative review of the literature.

Methods: Scientific articles were searched in databases such as Google Scholar, Pubmed and Lilacs using the term “Aleijadinho”. Subsequently, data were collected in articles and books about the possible diseases of the sculptor.

Results: Since the first clinical report on the sculptor, several historians and doctors have attempted to establish a diagnosis and several hypotheses have been proposed such as: syphilis, yaws (frambesia tropica), rheumatoid arthritis, Hansen’s disease (leprosy), thromboangiitis obliterans (Buerger disease), zamparina, cardina, porphyria cutanea tarda, stroke, amyloidosis, trauma and/or scurvy.

Conclusions: Based on the literature, the authors conclude that the most likely diagnosis of Aleijadinho’s disease is consistent with leprosy.

Keywords: Art; Diagnosis; Leprosy.

RESUMO

Antecedentes: O famoso escultor barroco brasileiro Antônio Francisco Lisboa, conhecido como “Aleijadinho”, desenvolveu uma doença deformante das extremidades dos membros inferiores e superiores. O distúrbio foi caracterizado por atrofia, paresia e amputação. Seu rosto também foi afetado, com inflamação das pálpebras, desvio da comissura labial, queda do queixo e lábio inferior, dando-lhe uma expressão sinistra. Apesar da doença incapacitante e crônica, ele produziu diversas obras de grande expressão durante os séculos XVIII e XIX. Algumas delas também foram consideradas patrimônios da humanidade pela Organização das Nações Unidas para a Educação, a Ciência e a Cultura (UNESCO).

Objetivo: Discutir o diagnóstico diferencial histórico da doença de Aleijadinho por meio de uma revisão narrativa da literatura.

Métodos: Artigos científicos e livros foram pesquisados em bases de dados como Google Scholar, PubMed e Literatura Latino-Americana e do Caribe em Ciências da Saúde (Lilacs) utilizando como termo principal “Aleijadinho”. Posteriormente, foram coletados dados em artigos e livros sobre as possíveis doenças do escultor.

Resultados: Desde o primeiro relato da clínica do escultor, vários historiadores e médicos tentaram estabelecer um diagnóstico e várias hipóteses foram sugeridas, como: sífilis, bouba (framboesia trópica), artrite reumatoide, hanseníase (lepra), tromboangiite obliterante (doença de Buerger), zamparina, cardina, porfiria cutânea tarda, acidente vascular encefálico, amiloidose, trauma e/ou escorbuto.

Conclusões: Com base na literatura, os autores concluem que o diagnóstico mais provável da doença de Aleijadinho é compatível com hanseníase.

Palavras-chave: Arte; Diagnóstico; Hanseníase.
INTRODUCTION

Leprosy is an infectious disease prevalent in the tropics, caused by the *Mycobacterium leprae*, and affecting mainly the skin and peripheral nerves. Its differential diagnosis was extremely difficult in past centuries. One of the persons who may have been affected by this disease was the famous Brazilian Baroque sculptor “Aleijadinho”, who suffered from a progressive deformity.

“Aleijadinho” (Antônio Francisco Lisboa) was born on August 29, 1738 in the city of Vila Rica, renamed Ouro Preto, in the state of Minas Gerais State, Brazil. He was the illegitimate son of a talented Portuguese architect, Manoel Francisco Lisboa, and an African slave (Figure 1). He began his education in drawing, sculpture and architecture with his father and continued to develop in a boarding school in 1750. In 1777, at the age of 39, Antônio Francisco Lisboa fell victim to the disease that deformed him1. Thus, he learned how to live with the physical pain that the disease caused, and also with the prejudice and distrust of those who already considered him an inferior human being just because he was a half-breed. Despite the difficulties, he managed to reinvent himself several times, as his illness progressed, so that over the years the artist had to relearn how to use the instruments 1. For this reason, the artist’s angry and suspicious humor is understandable (he believed that even the compliments were mockery). In 1790, Antônio Francisco Lisboa was nicknamed “Aleijadinho”, because of his deformities. However, his adversities did not stop him from his passion, art.

Despite his affections, he continued to work with the help of assistants, asking them to tie tools in his fists to work. In 1796–1799, he completed 66 wooden sculptures depicting scenes from the Passion of Christ in the sanctuary of *Senhor Bom Jesus de Matosinhos* (UNESCO World Heritage Site) in the city of Congonhas do Campo, Minas Gerais, Brazil. Between 1800 and 1805, when the artist was weakened by his illness, he completed the sculptures of the 12 prophets with the help of assistants, which explains the differences in styles and suggests that not all were created by the sculptor himself1. These works of art are also in the sanctuary of *Senhor Bom Jesus de Matosinhos*. Other great works produced by him are the carvings, altarpieces, pulpits and the choir of the church “Nossa Senhora da Conceição” in Jaguará, the sculpture of “Sant’Ana Mestra” (Gold Museum, Sabará) (Figure 2), among countless others. He worked until 1812 and died in 1814.

The scope of the present study was to elucidate the most probable diagnosis of Aleijadinho’s disease and discuss other diagnosis suggested in the literature.
METHODS

A literature review was performed based on a search in Google Scholar, Lilacs, and Pubmed databases was performed. The terms [Aleijadinho AND illness]; [Aleijadinho AND disease]; [Antônio Francisco Lisboa AND illness]; [Antônio Francisco Lisboa AND disease] were entered as keywords. Subsequent data collection was conducted in books and articles about diseases related to the sculptor. The most probable diagnosis was discussed based on the signs and symptoms.

RESULTS

The initial search using the above keywords found 56 articles, one dissertation, and 26 published books. Of these, 51 articles and 25 books were excluded because the information was repeated or unrelated to Aleijadinho’s disease. Finally, we included five articles, one dissertation and one published book. In addition, we used another six books and three articles for the study of the correlated diseases.

The symptoms of the sculptor

Bretas reported that Aleijadinho had a gradual loss of movement of the feet and hands. His hand fingers atrophied and bent, and even fell off, leaving only the thumbs and index fingers. He walked on his knees because he had lost all his toes. The sharpness of his choleric humor and the severe pain that he had in his fingers sometimes made him to cut himself with the chisel he was working with. The eyelids became inflamed making the internal part visible. He lost almost all his teeth, his mouth became distorted, and the lower chin and lip drooped. His gaze took on a sinister and ferocious expression that frightened anyone who looked at him. The description indicates ectropion and facial disfigurement with possible peripheral facial paralysis and probable atrophy of the facial nerve, which earned him the nickname “Aleijadinho” in the early 1790s.

According to Bretas, his diagnosis was of morbus gallicus (syphilis) and scurvy. However, in Minas Gerais (his region), scurvy was used for someone with vitiligo, a skin condition with central achromia and peripheral hyperchromia that has a differential diagnosis with tuberculoid leprosy. Aleijadinho worked only at night/dawn to avoid the possible peripheral facial paralysis and probable atrophy of the facial nerve, which earned him the nickname “Aleijadinho” in the early 1790s.

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The suspicion of porphyria arose after reddish-colored bones were found during the exhumation of the sculptor’s grave. However, there were several bones in the same grave, which made confirmation impossible.

According to Marques Filho, another hypothesis was trauma due to a work accident after a fall that would leave sequelae in the upper and lower limbs.

The progressive and debilitating clinical presentation of Aleijadinho resembles a neurodegenerative disease. On this basis, we evaluate the conditions suggested in the six articles in this review.

Table 1 shows the proposed diagnostic hypotheses for Aleijadinho’s disease and compares the arguments for or against the diagnoses.

DISCUSSION

The historical differential diagnosis of Aleijadinho’s disease

The still speculated diagnoses for Aleijadinho’s disease are syphilis, yaws (frambesia tropica), rheumatoid arthritis, Hansen’s disease (leprosy), thromboangiitis obliterans (Buerger Disease), zamparina (a disease that appeared in Rio de Janeiro, Brazil, in 1780), cardina (hallucinogen derived from Carduus benedictus), porphyria cutanea tarda, stroke, amyloidosis, trauma and/or scurvy.

Yaws

Yaws (frambesia tropica) was one of the most prevalent infectious diseases in the tropics (including colonial Brazil) caused by T. pallidum subesp. pertenue. It starts with a single lesion with progression to multiple skin lesions. The initial papule becomes papillomatous lesion (“raspberry-like”) within weeks, and without treatment, the lesion tends to ulcerate. If painful papillomatous lesions are present on the soles of the feet, it may cause a crablike gait (“crab yaws”). Periostitis with polydactylysm and bone pain is also common. Late yaws is manifested by gummatus, osteitis, and periostitis. Therefore, it does not resemble Aleijadinho’s clinical case, as there is no paralysis, the gait is different from that of Aleijadinho (he walked on his knees), and it is a prevalent childhood infection, not matching the age of the diagnosis (39 years old).

Syphilis

Syphilis is a sexually transmitted disease prevalent since colonial Brazil and is initially manifested by a single lesion, the chancre. Within months, it evolves to its secondary form with the appearance of nonpruritic pink or pale red macules that progress to papule lesions on the entire body. The tertiary form occurs years after the infection and manifests itself.
with neurological and vascular disorders, including strokes, parenchymal changes, aortitis, aortic aneurysms, meningitis, tabes dorsalis, and others. The major signs and symptoms of tertiary syphilis are chest pain with poor survival rate, headache, hemiparesis or paraparesis, mental confusion, progressive general paralysis, urinary incontinence, proprioceptive ataxia, Charcot’s joint, dementia, seizures, and tremors. The tabetic gait does not correspond to that of Aleijadinho, as he did not have a wide based gait, placing his legs and feet wide apart and contracting the extensor muscles of his feet as he sways (la danse des tendons). The Charcot’s joint can cause degeneration, but it is usually monoarticular and predominantly affects the knee. For these reasons, syphilis does not seem to be the most probable diagnosis. It is possible that the patient had the disease due to its high incidence at the time, but it did not evolve to its tertiary form.

Cardina

The hypothesis of Cardina use (hallucinogen that allows increased sensitivity and inspiration) is associated with a possible fall from a ladder or scaffolding in 1777 during work, which injured Aleijadinho’s hands and impaired his gait. In this case, there would be injury to the ulnar nerve. It is also suggested that there was a knee dislocation. However, the history of the genius shows a progressive injury and the suggested hypothesis does not explain the facial nerve paralysis and his way of walking on his knees.

Rheumatoid arthritis

Rheumatoid arthritis is a rheumatologic disease with an insidious and additive development, affecting several joints. It is a chronic synovitis with symmetrical peripheral polyarthritis. It may be associated with pericarditis, skin nodules, Sjögren’s syndrome, renal failure, and vasculitis. In rare cases, peripheral nerves are affected, but there is no facial paralysis. It has been suggested that “Aleijadinho” may have had rheumatoid vasculitis, which would cause peripheral ischemia and limb necrosis, and the development of the disease can also cause deformities. However, the disease does not have extra-articular manifestations and neuropathy is very rare (mainly facial nerve involvement). Another factor against this hypothesis is the pain caused by synovitis, which would make the handling of instruments extremely painful. In addition, the knees are often affected by arthritis, which would make it impossible for the sculptor to walk on his knees because of pain. Therefore, if this

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were the diagnosis, there would have to be an accompany-
ing disease.

Zamparina
It is an infectious disease with an outbreak in 1780 in
the city of Rio de Janeiro, Brazil. It was documented as a
neurotropic “flu” that affected the locomotor system and an
encephalopathy that evolved with systemic paralysis.2
Against this diagnosis is the fact that the sculptor visited
Rio de Janeiro only in 1777, in the same period of his diagno-
sis, making this infection impossible.2 Regarding symptoms,
zamparina was an acute disease with diarrhea, did not affect
limbs, and evolved with parkinsonism and paralysis after
encephalitis.2 Thus, this diagnosis does not seem probable.

Scurvy
This is a vitamin C hypovitaminosis that mainly affected
sailors, who did not eat food containing this nutrient for
months, causing bleeding. In favor of this diagnosis for
Aleijadinho is a tendency to infections (justifying gangrene
and loss of limbs) and polyarthritis, which causes deformi-
ties.14,15. It should also be noted that the sculptor had no doc-
dumented hemorrhages, fatigue, or asthenia, and epidemiol-
yogy does not favor this diagnosis nor does his eating habits.

Thromboangiitis obliterans (Buerger disease)
Thus, this hypothesis should not be considered.

Hansen’s disease or leprosy
It is a slow, chronic, and systemic infectious disease with
high incidence in Brazil. According to the World Health
Organization21, there were 28,660 new cases of leprosy in
Brazil in 2018, making Brazil the second country with the
most new cases in the world. This series was similar at the
time of Aleijadinho, being considered endemic in colonial
Brazil. The disease can manifest itself in different ways, like
the indeterminate form, the tuberculoid leprosy, the lepro-
matous leprosy, and the borderline form. There is also the
pure neural form of leprosy in which there is no skin lesion.
It presents as mononeuritis, multiplex mononeuritis, or dis-
tal symmetric polyneuropathy. Mononeuropathy is charac-
terized by involvement of a nerve root (a peripheral nerve),
while multiple mononeuropathy affects more than one nerve.
Polyneuropathy is a disorder of several peripheral nerves and
contributes to plantar ulceration due to pain and tempera-
ture loss in the feet.22

The neurological leprosy presents as enlargement of
the nerves and alteration of autonomic, sensory, and motor func-
tions. This enlargement can cause pain on palpation. There is
a predominance of the ulnar nerve paralysis, which causes
the claw-hand deformity.23-25. This corresponds to the hyper-
extension of the fourth and fifth fingers at the metacarpo-
phalangeal joints and flexion at the interphalangeal joints.26

This disability makes it extremely difficult to grasp
objects, especially cylindrical objects, such as the tools used
by Aleijadinho. Another characteristic is the inability to ade-
quately extend the most distal joints, leading the patient to
use the fingertips to grasp rather than the volar plate of the
phalanx that has the function of resisting trauma. Due to the
loss of sensation, the constant use of the hands can result in
skin sores, which with time can lead to infection, necrosis
and loss.26

The 66 cedar sculptures in the steps of the Via Crucis in
the sanctuary of Senhor Bom Jesus de Matosinhos (Congonhas
do Campo, Minas Gerais State, Brazil) suggest leprosy, as
the hands of Christ have the appearance of ulnar claw hand
defornty, while the hands of the other figures do not have
this characteristic (as shown in Figure 3). It is also impor-
tant to note that the artist, tormented by pain and humili-
ation, was responsible for depicting the agony and suffering
of Christ, which supports the hypothesis that Aleijadinho
placed the image of one of his hands on Christ.

Leprosy can also affect the median nerve.23,24,25 Median
paralysis can cause thenar muscles atrophy and weakness, with
Regarding skin lesions, leprosy (tuberculoid) can cause hypochromic macules, with altered sensitivity. Lesions are few and can be located on any skin area\textsuperscript{23-25}. This finding makes a differential diagnosis with vitiligo, which would explain the term scurvy (present in Aleijadinho’s historical diagnosis). However, no skin lesions were reported in the sculptor’s history.

Leprosy can also cause blindness over time, a fact found in the sculptor’s history. The bacillus can also injure the VII and V cranial nerves, which explains the existence of ectropion, since injury to the VII cranial nerve leads to lower eyelid atony\textsuperscript{22,28}. The involvement of this nerve also generates facial paralysis, which is consistent with Bretas’ (1896) description of the artist.

Aleijadinho’s clinical condition indicates a possible multiplex mononeuropathy due to the involvement of the median ulnar nerve and impairment of peripheral nerves of the lower limbs, which would lead to plantar ulceration and, thus, infections, loss of limbs, and inability to perform certain movements.

In conclusion, based on this review, the most probable diagnosis for Aleijadinho’s disease is leprosy. The symptoms of the case demonstrate that a progressive neuropathy was present, and numerous other traits indicate leprosy. Currently, the definitive diagnosis cannot be established, as it needs one of the following three characteristics: acid-fast bacilli on slit-skin smear, hypopigmented or reddish skin patches with permanent loss of sensation, thickening of nerves in peripheral regions with changes in sensitivity and/or strength\textsuperscript{23-25,29}.

It is worth mentioning the willpower of the genius who, despite such adversity, conquered the world with his works of art and survived until the age of 76. He should be considered an example of resilience, creativity, and passion for his profession.

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