LETTER TO THE EDITOR

Government Leprosarium,
Makete,
P.O. Tukuyu,
Tanganyika.

2nd December, 1957.

The Editor,
"Leprosy Review."

Sir,

May I submit a strong plea for caution in accepting the view expressed in your Editorial[1] that erythema nodosum leprosum is a beneficial reaction?

There are three very good reasons why these reactions should always be controlled:—

1. The patient is usually ill and in pain.
2. The tendency is for the reaction state to become subacute or chronic, with the supervention of neuritis and neuropathies.
3. As far as the Bantu of East Africa are concerned—and Davison[2] has reported this finding from South Africa—most lepromatous cases satisfying the standard criteria for discharge from treatment are those who have had no, or very few, reactions; while patients who have had repeated reactions are comparatively slower to become bacteriologically negative.

The most effective means of aborting the reaction, in my experience, is intravenous sodium antimony tartrate, given in doses of gr. ½, gr. 1 and gr. 1½ on alternate days—an old-fashioned remedy, to which over 90% of our cases respond promptly. We give alkalis and sedatives in addition.

Repeated reactions, becoming chronic, are, in my view, due to **overdosage** with oral DDS. Control is achieved, though seldom immediately, by changing over to a more slowly acting preparation, such as 50% aqueous sulphetrone by injection, or thiosemicarbazone.

Three types of E.N.L. can be differentiated:—

1. That occurring in the early stages of sulphone treatment. This is frequently only a solitary attack, particularly if aborted within the week. I have seen several cases in which there has been a striking improvement in the bacteriological index in the first year of sulphone therapy following such a reaction, but whether it is the reaction *per se* or its prompt control which has been beneficial is a moot question.
2. That occurring later—after one to three years' treatment—which is usually repeated at intervals as short as two or three weeks. Repeated reactions are characterised by

severe constitutional disturbance, loss of weight, anaemia and general debility and misery, the coalescence of subcutaneous leproma to form painful, tender, leathery plaques, and severe neuritis involving particularly the ulnar nerves and often necessitating surgery. Eye reactions are rare, fortunately. These cases develop a gradually lower and lower threshold of tolerance to oral DDS. On the other hand, stopping all treatment for longer than the period of the acute pyrexial phase does not prevent recrudescence. Hence the value of small doses of sulphetrone by injection, thiosemicarbazone or INH.

3. That occurring in what you, Sir, once described to me as the " last fling " of the disease. Here one finds very little systematic upset and skin smears from the E.N.L. lesions are negative or show only a few granular bacilli. The end result is persistently negative skin smears and the patient qualifies for discharge. This is the type of reaction evoked by potassium iodine when used as a " test of cure." Its significance is uncertain.

As far as I know, there is no satisfactory explanation for the seasonal variation in the incidence of E.N.L. Here it is much more common in the coldest month of the year, July. A beneficial reaction with such a seasonal peak of incidence is, surely, an unusual phenomenon?

On the other hand, however, there exist two classes of cases which, although in the minority, indicate the futility of dogmatism in considering this complex problem:—

1. Those who have no reaction and improve considerably on sulphone therapy, but reach a stage when they stick, and remain stationary both clinically and bacteriologically. Possibly the artificial induction of a reaction has a place in such cases. I have not attempted it.
2. Those who, after a period of E.N.L. and neuritis, finally necessitating surgical stripping of both ulnar nerves, show marked improvement and very scantily positive skin smears, becoming negative after one year or so.

Possibly cases of this type are more frequent in other parts of the world, while those liable to develop harmful reactions are less frequent.

I am, etc.,

H. W. WHEATE.

[Comments invited from readers, please.—Ed.]

REFERENCES

1. Editorial. Lep. Rev., 28, 136 (October, 1957).
2. DAVISON, A. R. Int. J. Leprosy, 24, 399 (October-December (1956).