

LETTER TO THE EDITOR

Jordan Hospital,
Earlswood,
Surrey.
17th February, 1958.

The Editor,
"Leprosy Review."

Sir,

I feel sure your readers will be interested in the enclosed Summary of a paper which, I believe, is the first one in which the term "erythema nodosum leprosum" appears. The paper was written by Dr. M. Murata of Tokyo, and was published in *Japanische Zeitschrift für Dermatologie u. Urologie* as long ago as 1912 (vol. 12, p. 1013), and the Summary was sent to me by Dr. Yoshinobu Hayashi of National Leprosarium Tama Zensho-en, Tokyo, as a result of an enquiry of mine.

The remarkable thing is that so much has been written about *erythema nodosum leprosum* in recent years yet no reference has been made to this excellent paper, a regrettable fact which demonstrates how far-reaching can be the effect of the language barrier in impeding the spread of knowledge about leprosy. In this respect I would like to congratulate you, Sir, on your work in translating current papers from South America and the Soviet Union and bringing them to the notice of your readers in the form of Abstracts (Leprosy Review, October 1957, pp. 164-173).

I am, etc.,

W. H. JOPLING.

[The Summary as made by Dr. Hayashi and sent by Dr. Jopling is given below, slightly compressed and rephrased for reasons of space. We thank Dr. Jopling for eliciting this early and valuable contribution by Dr. Murata on erythema nodosum leprosum, and share his admiration for the clinical wisdom and acute observation of the author. As regards the language barrier, we wish that all medical writers would adopt an international scientific language. There is one now available, called Interlingua, which seems quite practical, and even easy. To illustrate the point, these remarks are here repeated in Interlingua . . . *Editor.* "Le summario como facite de dr. Hayashi e inviate de dr. Jopling es date infra, poco compresse e rephrasate a causa de rationes de spatio. Nos regratia dr. Jopling re extraher iste contribution prompte e importante de dr. Murata re erythema nodosum leprosum, e prenda parte in su admiration del sagessa clinic e observation acute del autor. Re le barriera linguistic, nos desira que omne scriptores medical adoptarea un lingua scientific e international. Il ha ora uno usabile, nominate Interlingua, que sembla toto practic e mesmo facile. Pro illustrar le puncto, iste observationes es hic repetite in Interlingua . . . *Redactor.*"]

UEBER ERYTHEMA NODOSUM LEPROSUM

(On Erythema Nodosum Leprosum)

M. MURATA

As a result of clinical and histopathological studies of nodular (lepromatous) cases suffering from erythema nodosum leprosum (e.n.l.) the author summarises as follows:

1. E.n.l. may be found only in cases with nodular (lepromatous) leprosy, in one-third or one-fourth of such cases.
2. The eruption is more often infiltrative than nodular, in a ratio of 2 to 1.
3. Sex incidence of e.n.l. follows that of nodular (lepromatous) leprosy.
4. E.n.l. is not an initial event: it breaks out about 6 years after a certain initial symptom was found.
5. E.n.l. occurs mostly in adolescence: initial symptoms appearing at puberty often transform into nodular (lepromatous) leprosy in adolescence.
6. The clinical features include those typical of common eruptive febrile diseases.

The latent period is inconstant and mostly uncertain. The eruption appears with an attack of fever accompanied by rigor, but sometimes there is non-febrile e.n.l. The eruption attains the size of a lentil or walnut, and is scarlet in colour, solid and elastic in consistence, elevated, and hypersensitive. There are solitary and confluent forms of e.n.l. At the beginning the eruption appears mostly on the face, but later in the region where leproma occurs, as well as on the flexor surface of the limbs where leproma usually does not occur. The distribution of the eruptions corresponds to that of veins. E.n.l. occurs chiefly in spring and autumn, especially at the change of season. Colour changes during disappearance of the eruption are from dark red, to bluish green, then bluish brown. After disappearance of the eruption the residual findings are of dryness and creases of the skin with bluish pigmentation, desquamation of the epidermis, softening of the skin, or there may be no trace of the eruption left at all. Softening of the eruption during its clinical course may be associated with the detection of suppurative germs, in which case yellow liquid pus may be formed: in the absence of suppuration a thick glutinous orange-coloured clot of pus may be discharged. Neuralgia as a result of nerve enlargement is prominent among the general symptoms. Arthralgia as a result of synovitis is the next in prominence. There seem to be no marked changes in the urine, nor in the internal organs. Leucocytosis occurs in the blood.

7. The clinical course may be acute, subacute, or chronic: it is most often acute.
8. The essential pathological structure is of an inflammatory formation within fatty tissue, of infiltrating colonies of polymorphonuclear leucocytes.
9. In the diagnosis it is important to differentiate erysipelas which may accompany nodular (lepomatous) leprosy.
10. Prognosis is generally benign.
11. There is no specific remedy for e.n.l. so far, though calcium preparations, quinine hydrochloride, and laxatives have a favourable action.

Finally, the author recommends the designation of *erythema nodosum leprosum*, because the condition clinically resembles erythema nodosum and is a characteristic syndrome appearing in the course of leprosy, especially nodular (lepomatous) leprosy. The term erythema nodosum is already approved as a clinical entity, and there is one form due to potassium iodide observed by the late Dr. Shitachi, so *erythema nodosum leprosum* is a term which reasonably may be adopted for this singular and independent clinical syndrome which also has its own histological features.