

Letters to the Editor

Dear Sir,

In leprosy patients with a 'triple nerve' paralysis of the hand (i.e., a high radial nerve paralysis plus a high ulnar and low median nerve paralysis) one of the great problems in any reconstructive surgical procedure is to overcome the persistent tendency of the hand to go into ulnar deviation. This tendency is hard to understand because the flexor and extensor carpi ulnaris muscles are paralysed, leaving the flexor carpi radialis unopposed in its action, so that one would anticipate, as more likely, a tendency to go into radial deviation. The following case is of interest in that it offers an explanation of this problem.

A female patient, aged 23, had been doing some extra cooking involving a lot of stirring. Following this, she developed pain in the forearm, and found it difficult to straighten the 2nd, 3rd and 4th fingers. There was tenderness over the corresponding forearm flexor muscles. The patient was much more comfortable if the wrist was in ulnar deviation. The long flexor tendons of the 2nd, 3rd and 4th fingers were in spasm and on attempting to straighten the fingers, the ulnar deviation would increase, without any contraction of the flexor carpi ulnaris. This suggests that the direction of the long flexors to these fingers is such that when acting by themselves they not only flex the fingers, but also pull the wrist into ulnar deviation.

In 'triple paralysis' of the hand in leprosy as described above, these three long flexors, supplemented by the flexors to the 5th finger, would almost certainly overpower the lone flexor carpi radialis with the resulting ulnar deviation, which is so troublesome. This tendency would also be increased when the flexor carpi radialis is transferred, for instance, as a motor to the extensor tendons.

FRANK I. TOVEY

Holdsworth Memorial Hospital,

9th April, 1968.

Mysore.

Dear Sir,

What Effects have Oral Contraceptives on Lepromatous Leprosy?

It is known that the administration of iodine to leprosy patients may induce erythema nodosum (ENL) and exacerbation of the disease within a few days. On the other hand, corticosteroids improve the condition during its active phase within a short period of time.

During the bacterio-positive stage of leprosy, contraception is strongly indicated because of danger of infection for the child through post-natal contact. Oral contraception is a most reliable and convenient contraceptive method. However, as the hormonal balance of lepromatous patients is known to be unstable owing to the involvement of the suprarenals, the administration of oral contraceptives, which have more or less pituitary-inhibiting and other endocrine effects, might have adverse effects on the disease. In order to clarify this point, we have performed a trial with norethisterone acetate ethinyl oestradiol* (N.A.E.O.) in a series of 20 lepromatous women, and a control group of 10 of about the same average age and the same stage of the disease.

Simple laboratory tests (such as erythrocyte sedimentation rate (E.S.R.), leucocyte count, haemoglobin estimation, urinary albumin) which could easily be repeated under field-conditions, were performed before, during and after the 3 months' trial in all patients. The E.S.R. is a useful test in this connection because it indicates exacerbation of the condition, particularly in patients with a history of ENL (which is generally preceded by an accelerated E.S.R.).

Before the trial, both groups discontinued standard treatment with DDS or Promine for one month. The test group was then put on N.A.E.O. for one month. No difference in frequency of E.N.L. in either group could be observed. DDS or Promine (one patient) was then continued for a further 2 months. Fre-

quency of reaction (ENL) and bacteriological results showed no significant difference between the two groups.

In summary, N.A.E.O. seems to exert neither adverse nor beneficial effects on lepromatous leprosy and, hence, seems to be a safe drug in women with lepromatous leprosy. Further

studies on a large scale appear to be called for.

J. WALTER.

Ministry of Public Health,
Devavesem Palace,
Bangkok, Thailand.

29th April, 1968

* ANOVLAR (Schering A.G.)