

# The Treatment of Corticosteroid-dependent Lepromatous Patients in Persistent *Erythema Nodosum Leprosum* with Clofazimine\*

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The trial of Lamprene (clofazimine), begun in 1966 and which has been the subject of a preliminary communication (Imkamp, 1968), has now terminated. The results of a follow-up study after 5 years are summarized in the accompanying table, the serial numbers of the patients being the same as in the paper cited above. All the patients had been suffering from lepromatous leprosy (LL) and all had been dependent on corticosteroids, given for persistent *erythema nodosum leprosum* (ENL).

## Assessment

The smears were read by the same laboratory technician throughout. Biopsy specimens were taken every 6 months and reported upon by the same technician.

One male patient (No. 6) did not come for re-examination: according to the local Leprosy Control Officer, he is progressing well.

One female patient (No. 17) could not be traced. Another female patient (No. 13) was re-admitted with ENL. She was pregnant and very anaemic, the anaemia being due to malaria. She was delivered of a still-born baby. She was given Lamprene, which controlled the ENL. On discharge from the leprosarium she continued taking Lamprene at a dose of 300 mg weekly. She became pregnant again, and continues taking Lamprene at the same dose.

The trial has been most successful in that all patients have been weaned from corticosteroids and all have returned to normal life. All except one (No. 13) have resumed dapsone treatment. The length of time the individual patients had to take Lamprene varied within wide limits. Male patient No. 9 continued for 56 months, and the dosage had to be varied according to his clinical state.

The patients have been most cooperative, and except for one female patient (No. 17) and one male patient (No. 6), all came at the requested time for re-examination and assessment.

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TABLE 1

Serial number	Duration of treatment with Lamprene (months)	Bacterial status when Lamprene was replaced by dapsone		Recurrence of ENL	Duration of treatment with dapsone (until February 1971) (months)	Latest smear results		Summary of biopsy report	Comment
		B.I.	M.I.%			B.I.	M.I.%		
1 Male	19	2.1	0	None	35	0	0	No bacilli seen, almost complete clearance of infiltrate (Aug. 1970)	Discharged to out-patient clinic (Oct. 1969). In full-time employment
2 Male	29	3.1	0	None	25	1.2	0	Bacillary debris only (Jan. 1970)	Discharged to out-patient clinic (June 1969)
3 Male	19	4.2	0	Recurrence after 14 months of dapsone	3	3.2	0	No viable bacilli seen. No evidence of ENL (Nov. 1970)	Patient resumed treatment with Lamprene for further 18 months. Admitted as in-patient. Still taking dapsone
4 Male	25	4.0	0	None	35	2.2	0	No viable bacilli seen (Aug. 1970)	Discharged to out-patient clinic (Aug. 1968)
5 Male	20	0.4	0	None	25	0.2	0	No bacilli seen (Oct. 1970)	Employed as bricklayer
6 Male	18	1.0	0	None reported	35			Not available	Discharged to out-patient clinic (Dec. 1968)
7 Male	22	3.7	0.4	None	32	0.5	0	No viable bacilli seen (Feb. 1971)	Employed at Leprosarium
8 Male	19	2.0	0.1	None	35	0.2	0	No bacilli seen (Apr. 1970)	Discharged to a Mission (April 1969)
9 Male	56	3.0	0.2	Recurrence while still taking Lamprene <sup>a</sup>	3	1.1	0	No viable bacilli seen (Aug. 1970)	In-patient

10 Male	39	2.5	0	None	16	0.7	0	No viable bacilli seen (Nov. 1970)	Employed at Leprosarium
11 Female	24	2.8	0	None reported	32	1.7	0	No viable bacilli seen (Feb. 1971)	Discharged to a Mission (Aug. 1968)
12 Female	21	3.7	0.4	None reported	32	1.5	0	No biopsy report available	Discharged to out-patient clinic (Sept. 1968)
13 Female	22	3.2	0	Recurrence September 1970	26 till September 1970	1.5	0	No viable bacilli seen. Some ENL (Sept. 1970)	Discharged to out-patient clinic (March 1969). Returned (Sept. 1970) pregnant. Resumed Lamprene treatment. ENL controlled
14 Female	23	3.8	0	None reported	32	1.2	0	No viable bacilli seen (Jan. 1971)	Discharged to out-patient clinic (June 1969)
15 Female	21	4.5	0.4	None	32	1.7	0	No viable bacilli seen (Apr. 1970)	Discharged to a Mission (Apr. 1969)
16 Female	21	1.0	0	None	34	0	0	No viable bacilli seen (Sep. 1969)	Discharged to out-patient clinic (Sept. 1968)
17 Female	25	0.1	0	None reported				No biopsy report available	Patient lost to follow-up
18 Female	38	2.4	0	None	16	1.0	0	No viable bacilli seen (Apr. 1970)	Discharged to out-patient clinic (Nov. 1970)

B.I. = Bacterial Index; M.I. = Morphological Index.

<sup>a</sup> After 44 months of Lamprene, sudden ENL. X-ray showed a very slight infiltration (R) and a follow-up X-ray 2 months later showed a definite perihilar infiltrate with suspected cavity (?abscess) (R), reported by Radiologist, Kabwe Hospital. Bronchoscopy was advised as carcinoma could not be excluded. Patient was reluctant for bronchoscopy as he suffered for many years from severe ENL. He was therefore treated with thiazine 150/300 mg daily to cover possible pulmonary tuberculosis infection and there was no response to penicillin. Transparencies show the improvement and though we were unable to prove that the infiltrate was of tuberculous origin, the patient responded to the anti-tuberculous treatment. No more ENL occurred and on 16 November, 1970, dapson treatment was started with low dosages, and the patient is in good health and ambulant.

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**Reference**

Imkamp, F. M. J. H. (1968). A treatment of corticosteroid-dependent lepromatous patients in persistent *erythema nodosum leprosum*. A clinical evaluation of G.30320(B663). *Lepr. Rev.* 39(3), 119-125.