

Clinical and Bacteriological Effects of Rifampicin in Combination with L73A in Leprosy: Observation for Six Months

SEIJI INNAMI

Leprocomio Santa Isabel, Sapucay, Paraguay

OSCAR R. LEGUIZAMÓN

Centro de Salud No. 1., Asunción, Paraguay

and

ARNALDO E. ALVARENGA

*Departamento de Lepra, Ministerio de Salud Publica y
Bienestar Social, Asunción, Paraguay*

Therapeutic effects of rifampicin in combination with L73A were observed both clinically and bacteriologically in 30 patients with lepromatous leprosy for 6 months.

It was evident that the fall of BI was gradual and the decrease of MI was rapid in practically all cases. One of the most favourable signs of clinical improvement was the flattening and absorption of nodules and other raised skin lesions in a short time. ENL was observed in about 33%, mild dizziness was seen frequently as a side effect.

Introduction

At the request of Prof. Freerksen, treatment with rifampicin in combination with L73A was carried out in 30 selected lepromatous leprosy patients for a period of 6 months. All other anti-leprosy drugs were stopped for 1 month before the start of administration. Daily dosage of 600 mg rifampicin and 4 tablets of L73A were administered orally except on Sunday.

Twenty-six out of 30 cases completed the scheduled treatment for 6 months. Four cases were suspended from the trial for various reasons.

Results

Changes of BI and MI of Myco. leprae during rifampicin and L73A therapy

These are shown in Table 1.

The fall of BI was gradual in all cases, and 3 out of 30 cases became

bacteriologically negative at 6 months. On the other hand the MI decreased very rapidly. The improvement in MI was seen in almost all cases within 3 months, and the average value of MI decreased from 12.6% to 5.0% at 6 months.

TABLE 1
The changes of BI and MI of Myco. leprae treated with rifampicin and L 73A

Patients number	Months of treatment					
	Initial		3 months		6 months	
	BI+	MI%	BI+	MI%	BI+	MI%
1	5	15	5	11	5	9
2	3	4	2	3	2	1
3	4	12	4	6	3	5
4	2	7	1	1	0	0
5	5	18	5	7	—	—
6	5	23	4	10	4	7
7	3	6	2	2	2	2
8	3	9	3	5	2	5
9	5	31	4	18	4	7
10	3	12	—	—	—	—
11	3	7	3	5	2	5
12	3	8	2	5	2	5
13	5	16	5	9	4	6
14	5	25	4	12	4	15
15	3	6	1	2	0	—
16	4	18	4	11	3	7
17	4	17	4	12	3	8
18	5	21	5	11	5	9
19	4	6	4	3	3	3
20	4	14	4	8	4	6
21	2	4	2	0	0	0
22	4	13	3	7	3	5
23	3	9	3	5	2	5
24	4	9	—	—	—	—
25	4	9	4	6	3	5
26	3	7	—	—	—	—
27	3	8	3	3	2	2
28	5	23	3	11	3	7
29	4	13	4	8	3	3
30	3	7	3	5	3	3
Average	3.8	12.6	3.4	6.9	2.7	5.0

Clinical results

Effective	15 cases
Unchanged	14 cases
Worse	0 case
Dead	1 case
Total	30 cases

One of the most striking signs of clinical improvement was the flattening and absorption of nodules and other raised skin lesions within 6 months.

ENL during the treatment

Ten patients experienced ENL while under treatment.

Severe ENL	4 cases
Mild ENL	6 cases

All cases were controlled by thalidomide or by diminished dosage of L73A.

Side effects during the treatment

Side effects were observed in 11 cases.

Mild dizziness	6 cases
Gastric disturbances	2 cases
Headache	2 cases
Pruritus	1 case
Total	11 cases

These side effects frequently occurred after the pause of administration on Sunday.

Tolerance and non-tolerance of rifampicin and L73A

Tolerance	26 cases
Non-tolerance	4 cases
Total	30 cases

Rifampicin and L73A treatment had to be interrupted in 4 cases for the following reasons:

Severe iridocyclitis in 1 case, epilepsy-like seizure in 1 case, severe polyneuritis in 1 case, and death in 1 case. The patient who died had been suspended from treatment for 1 week because of ENL after 2 months of treatment. Death with some symptoms of toxicity occurred shortly after the intake of rifampicin and L73A after the pause of administration.

Laboratory examinations

Increase of SGOT and GPT	2 cases
Continued proteinuria	5 cases
Severe signs of anaemia	1 case
Total	8 cases

Summary

Therapeutic effects of rifampicin in combination with L73A were observed both clinically and bacteriologically on 30 patients with lepromatous leprosy for 6 months.

It was evident that the fall of BI was gradual and the decrease of MI was rapid in practically all cases. One of the most favourable signs of clinical improvement

was that nodules and other raised skin elevations became absorbed and flattened out in a short time.

ENL was observed in about 33%. Mild dizziness was seen frequently as a side effect. Careful attention must be paid to liver function, proteinuria and anaemia during the treatment.

Though we have no comparison with other control groups, the clinical and bacteriological results of the treatment indicate strongly that the best and rapid effects may be expected in cases of lepromatous leprosy with nodules or raised skin elevations.

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