

Letter to the Editor

Dermal Microfilariasis and Leprosy

The recent article entitled "Dermal Microfilariasis and Leprosy" by McDougall and Waudby (*Lepr. Rev.* **48**, 161–168) makes one very important point so far as differential diagnosis between these 2 diseases is concerned. This is that hypopigmented macules which occur in onchocerciasis may be visually identical with those of indeterminate leprosy. I have been noting these for a number of years, and have done biopsies on a few, but have never had any in which there was confirmation that the lesion was specifically related to the filarial infestation. Perhaps there are regional differences, so that this similarity is not so common elsewhere, but here we see many instances of it each year.

In an attempt to confirm that the etiology actually was onchocerciasis, I have tried treating a number of these patients intensively, and have found that the hypopigmented macules do begin to regain normal colour again, though I do not recall any in which there was complete return to normal in spite of several months of follow-up.

It is possible that some of the other skin manifestations of onchocerciasis, such as the pachydermis, and smaller skin nodules may be confused with leprosy by one completely inexperienced in tropical dermatology, but their diagnosis is not really difficult. However, great caution is needed to prevent confusion between these vague areas of hypopigmentation in onchocerciasis and those of the indeterminate stage of leprosy. We have been disappointed with the assistance we may expect from a biopsy, but I think careful investigation which insists on finding at least one other sign of leprosy will always confirm the diagnosis. Hence, one should always:

- (1) Check for loss of sensation.
- (2) Palpate for enlarged peripheral nerves.
- (3) Look for *Mycobacterium leprae* in skin smears.

It should not be necessary to say that where there is a possibility of onchocercal infestation, even though 4 skin snips may be negative, one still needs to give the patient a tablet of diethylcarbamazine, and note the response.

ROY E. PFALTZGRAFF

*State Leprosy Hospital,
Garkida via Yola,
Gongola,
Nigeria.*