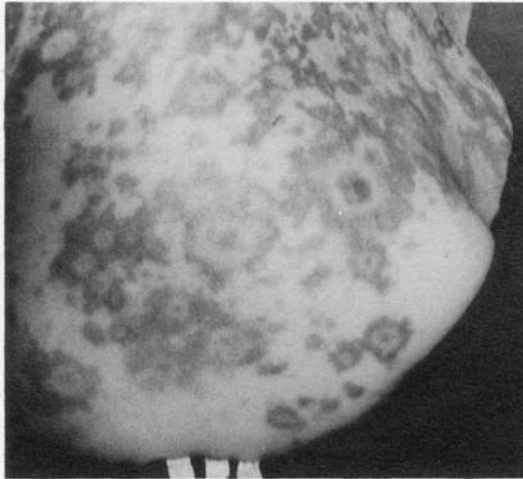


**RELAPSED LEPROMATOUS LEPROSY IN KOREA; OCCURENCE OF MULTIPLE SMALL 'UMBILICATED' LESIONS OF BORDERLINE TYPE**

Sir,

During the past 2 years a total of 20 lepromatous cases in relapse have been seen in this Institute. All had received dapsone as monotherapy in the past, the total period of treatment varying from 7 to 30 years with a mean of 18 years. On mouse footpad testing, 6 cases have been confirmed as resistant to dapsone: at levels of 0.01% in 2 cases, at 0.001% in 1 case and at 0.0001% in 3 cases. According to the patients' account no anti-leprosy drug other than dapsone had ever been taken. The other 14 cases await the results of mouse footpad testing.



**Figure.** Multiple, bilaterally, symmetrical lesions: raised, red or pink, with central 'dimpling' or umbilication. The area photographed includes the upper left buttock together with part of the loin and lumbar region.

In 5 cases (25%) the clinical manifestations on the skin were unusual, not only for relapse cases in this country but for any pattern of leprosy, treated or untreated, as seen here. The skin lesions (Figure) consisted of multiple, bilaterally symmetrical lesions of approximately 1–2 cm diameter, raised, red or pink, and with central 'dimpling' or umbilication. Whilst appreciating that some of these resemble lesions with the 'punched-out' centres of mid-borderline (BB) leprosy on the Ridley–Jopling scale, their large number, small size and bilateral symmetrical distribution are unusual and do not correspond to published accounts of patients with lepromatous leprosy who are known to relapse with features of borderline leprosy.

The purpose of this letter is to draw attention to yet another form of leprosy, as seen in Korea, which appears to be associated with dapsone resistance and relapse. Perhaps similar findings will be encountered in other countries and ethnic groups.

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