PRIMARY DAPSONE-RESISTANT PAUCIBACILLARY LEPROSY IN ZAIRE

Sir,

Primary dapsone-resistant leprosy has been documented[1] in a case of BT leprosy regressing into a BL form of the disease, when *Mycobacterium leprae* could be isolated in mouse foot pads and dapsone resistance proven. In view of the increasing prevalence of secondary dapsone resistance, more cases of primary dapsone resistance can be expected. Where secondary dapsone-resistant leprosy develops only in multibacillary forms of the disease, primary dapsone-resistant leprosy may be expected to occur in all forms of the clinical spectrum of the disease.

We observed 2 cases of primary resistant paucibacillary leprosy in Zaire.

The first patient is a boy, 8 years old, who had BT leprosy since the age of 5 and was treated with DDS 100 mg/week. New lesions continued to appear under this treatment. In January 1980 supervised treatment was commenced with a single dose of rifampicin 30 mg/kg and clofazimine 200 mg/week, given for 5 months. Later on the patient was given dapsone again by a nurse, without our knowledge. During the following months, the disease progressed. The patient was hospitalized, a skin biopsy confirmed the diagnosis, and then received a supervised course of dapsone, 50 mg/day for 3 months without any regression of the lesions. He was then treated with 8 weekly supervised doses of rifampicin, 22 mg/kg. During the next months there was steady improvement of the lesions. The boy lived with his mother, a known lepromatous patient, clinically suspected of secondary dapsone resistance.

The second case is a girl, now 13 years old. Because her mother had lepromatous leprosy the child was given dapsone prophylaxis, 100 mg/week at age 6. A year later she developed BT lesions on her back and dapsone dosage was increased to 200 mg/week. The disease progressed. Thiambutasine 3 x 250 mg/day was added for 18 months with only slight improvement. The girl was hospitalized, a skin biopsy confirmed the diagnosis, while she was given a supervised course of dapsone 50 mg/day for 4 months. No clinical improvement resulted. Eight weekly supervised doses of rifampicin, 17 mg/kg, were administered, resulting in a spectacular change in the lesions which nearly disappeared within 2 months. In this second case, the patient's mother also has clinically secondary dapsone-resistant lepromatous leprosy.

The practical importance of primary dapsone-resistant paucibacillary leprosy is the difficulty of diagnosis. Isolation of the bacilli cannot be performed and only lack of improvement under supervised sulphone treatment and quick regression of the lesions after administration of the bactericidal drug rifampicin[2] allows to make a diagnosis.

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References

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