

Abstracts

MANUNGO J, THOMAS JEP (1982) A Comparison of the incidence of type 2 reactions in lepromatous leprosy with two regimens of treatment. *Central African Journal of Medicine*, **28** (9), 208–11.

On the principle of giving combined chemotherapy for the first year in treating lepromatous leprosy, followed by dapsone alone, this trial was devised to compare 2 combined regimens as regards the incidence of type 2 lepra reactions (ENL reactions). Fifty-four African patients in Harare, Zimbabwe, were divided in 2 groups: group 1 received clofazimine 100 mg/day together with standard dosage of dapsone, and group 2 received isoniazid 300 mg/day, thiacetazone 150 mg/day, and standard dosage of dapsone.

Two patients in group 1 developed reactions, and counting recurrences, had 5 bouts of reaction between them, 1 mild and 4 severe. Six patients in group 2 experienced reactions, and as there was 1 recurrence, there were 7 bouts of reaction all told, 3 graded mild and 4 severe. The authors concluded that in both groups there was no significant relationship of type 2 reactions to age or sex, to the duration of disease, or to the length of treatment. As the regimen in group 1 was twice as expensive as that in group 2, and as reactional episodes were only slightly less common, it is concluded that group 2 treatment regimen is the most cost/effective in Zimbabwe during the first year of chemotherapy for lepromatous leprosy.

[No mention is made of clinical and bacteriological progress in the two groups, nor of any drug toxicity.]

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MANUNGO J, THOMAS JEP (1982) A study of type 2 reactions in lepromatous leprosy.

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This is a report on laboratory studies during the reactional episodes of the patients described in the previous paper. Investigations included Hb estimation, leucocyte count, platelet count, and examination of urine for protein, together with the response of the reactions to various drugs. These results are shown in a series of tables.

A mild anaemia, a leucocytosis, and a thrombocytosis were common findings; the highest white cell count was 41,300 per mm³ and the highest platelet count was 849,000 per mm³. The degree of proteinuria was variable and unpredictable. As regards response to treatment, the best and most consistent results were obtained with prednisolone; response to chloroquine and to aspirin was variable, and phenylbutazone proved unsatisfactory.

[This study has highlighted a little-known complication of type 2 reaction, namely, thrombocytosis. In speculating why this increase in platelets is not associated with thromboembolism, especially as decreased fibrinolytic activity has been demonstrated during type 2 reactions,¹ two possible explanations should be considered: 1, impairment of platelet adhesiveness and of platelet aggregation to collagen;² 2, increased prothrombin time due to a circulating anticoagulant.³

References

- 1 Sharda DP, Parvez M, Jain AK, Bhargava NC, Misra SN. A study of serum fibrinolytic activity in leprosy. *Lepr India*, 1979; **51**: 203.
- 2 Gupta M, Bhargava M, Kumar S, Mittal MM. Platelet function in leprosy. *Int J Lepr*, 1975; **43**: 327.
- 3 Cole FS, Brusck JL, Talarico L. A circulating anticoagulant in lepromatous leprosy. *Int J Lepr*, 1979; **47**: 121.]

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