

ULNAR NERVE CALCIFICATION AND ABSCESS FORMATION IN 2 CASES OF PRIMARY MONONEURITIC LEPROSY

Sir,

This is with reference to the article on 'Ulnar nerve calcification and abscess formation in 2 cases of primary mononeuritic leprosy', by Samuel *et al.*, (*Lepr Rev* 1984; **55**: 173–6).

Case 1 indicates a neural involvement without sensory deficit, skin lesion or positive skin smears. The caseous material was negative for AFB.

Case 2 indicates similar findings with the exception of a sensory deficit.

It is generally agreed upon that a diagnosis of primary neuritic leprosy whether mononeuritic or polyneuritic, can only be confirmed by a report on the nerve biopsy, which was not reported in either of the cases cited above. One is therefore led to understand that there is every likelihood that these are *NOT* of a leprous aetiology, but could perhaps be abnormal calcification in nerves resulting in neurolysis.

Of course leprosy cannot be ruled out, especially in endemic areas, but we ought to be guarded in labelling a patient as having leprosy, and the proof must be convincing beyond doubt. A report on the nerve biopsies of these patients would certainly be interesting.

T OOMMEN

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