Sir,

We recently investigated 68 patients with lepromatous (LL) leprosy in the Leprosy Teaching and Training Centre and the Ahmadu Bello University Teaching Hospital in Zaria, mainly in order to assess their hepatic and renal function. Forty-six male and 22 female patients were included; their ages ranged from 16 to 60 years and the duration of their leprosy from 1 to 40 years. Forty out of the total of 68 had suffered from leprosy for more than 10 years. All had received varying periods of antileprosy treatment, mainly with dapsone monotherapy in a dose of 50–100 mg daily.

All 68 showed clear clinical evidence of active or inactive lepromatous leprosy and virtually all patients had bilateral inguinal lymphadenopathy (which may also have been due to lepromatous leprosy). Our specific findings in the hepatic and renal systems are as yet incomplete and will be the subject of further study, but the main point of this letter is to draw attention to a wide range of conditions other than leprosy which we recorded in this group. Fifteen had mild to moderate oedema of the feet, 3 hypertension, 1 jaundice and 3 had a haemoglobin of less than 10 g/100 ml. Sixteen out of 40 patients whose stools were examined for hookworm were positive. From 40 patients whose urine was examined, 32 had abnormalities in the form of albuminuria, with or without red or white cells, 4–10 per high power field. One patient had cervical tuberculous lymphadenopathy, proven on biopsy. A variety of liver function abnormalities were discovered in 60 out of a total of 68 patients, and of 2 biopsied, 1 showed mixed nodular cirrhosis and schistosoma parasites and the other, a granulomatous reaction.

From this limited study, it is clear that some findings, such as the granuloma in one of the liver biopsies and the bilateral inguinal lymphadenopathy in many cases, may well have been due to leprosy. It is, however, our impression that conditions other than leprosy accounted for most of the abnormalities noted. Viral, parasitic, nutritional and other factors, including alcoholism, have to be considered.

If confirmed, this seems to us to be an important observation, which has not always been acknowledged in similar studies in the literature, notably from India. At least in this part of the world, it has to be accepted that many clinical and laboratory abnormalities in leprosy patients may be due to a wide range of other conditions.

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