Lepr Rev (1986) **57,** 179–180

Letters to the Editor

SIX MONTHS MDT FOR PAUCIBACILLARY LEPROSY: NERVE DAMAGE AND RELAPSE

Sir,

Although general experience to date indicates that the recommended six months period of dual therapy is satisfactory for the majority of patients with paucibacillary leprosy, it is apparent, perhaps particularly in India, that in some cases it may not be adequate. At the point of completing the six months' regimen, or on follow-up during the months or years after stopping treatment, active lesions in skin and/or nerves may be observed. The correct interpretation of such lesions calls for a combination of clinical and laboratory skills, which is not always available, in particular to distinguish reversal (up-grading) reaction from activity due to the continued presence of living bacteria and inflammation. I am aware that precise criteria for effecting this distinction, especially under field conditions, have yet to be developed—and this may prove a difficult task—but in the meanwhile there is one problem which should receive attention. A significant number of patients diagnosed and treated as having paucibacillary leprosy relapse *with a reaction*, frequently associated with deterioration in nerve function. The risk factors associated with such a serious and unfortunate occurrence are as yet very poorly understood and I should like to make a plea to all concerned with the implementation of MDT to initiate studies designed to define them, attention being paid to at least the following two categories of patients:

1 *Those presenting with evidence of recent nerve damage, either at the outset of or during the period of MDT.*

We need much more information about this group, especially as concerns their response to steroids and the need to provide continued MDT cover if steroids have to be maintained beyond the six months period.

2 *Those who relapse with reaction (reversal, upgrading) after MDT has been stopped.*

Our experience[1] in ALERT, Addis Ababa, indicated that accurate classification may be of particular relevance in this context; we found that in BT cases reaction tended to occur during the first six months of dapsone monotherapy, whereas in BB/BL cases a considerably longer interval generally elapsed. As far as I am aware there are no published reports of a similar difference in cases on MDT, but it needs to be emphasized that differentiation between multibacillary and paucibacillary leprosy is not always easy, even with reliable skin smears, and that patients who relapse with reaction substantially after the six months period of the regimen recommended for paucibacillary leprosy may, in fact, have been multibacillary from the outset. Further studies, both to investigate this possibility and to determine the optimum treatment to prevent resultant disability, would clearly be of great value.

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References

[1] Naafs B, Wheate HW. Time interval between start of multileprosy treatment and development of reactions in patients with borderline leprosy. *Lepr Rev.* (1978) **49,** 00–00.