

RIFAMPICIN MONOTHERAPY IN PAUCIBACILLARY LEPROSY

Sir,

It was interesting to read the results of treatment of paucibacillary (PB) leprosy with ten weekly doses of rifampicin (*Lepr Rev* 1987, **58**: 349–58). However, I do not think that it is prudent to use rifampicin monotherapy even in PB leprosy patients for the following reasons:

- 1 The threshold of 10^6 organisms for the natural occurrence of drug resistant mutants is applicable to *Mycobacterium tuberculosis*¹ and we do not really know whether the analogy is applicable to *M. Leprae*.
- 2 The said threshold is for the drugs against which resistance develops in a stepwise fashion and not for the drugs against which it develops in a single step.¹ The resistance of *M. leprae* against rifampicin develops as a single step process.² It has developed earlier than that against dapsone.

- 3 After the unfortunate experience of dapsone monotherapy and case reports of rifampicin resistant leprosy,^{2,3} rifampicin monotherapy appears to be unjustified even in PB leprosy patients. If resistance to rifampicin becomes ubiquitous as has happened with dapsone, we will lose the most potent antileprosy drug available to us today.

A H PATKI

*46 Shailesh Society
Karve Nagar, Pune-411052
India*

References

- ¹ Baohong J. Drug resistance in leprosy—a review. *Lepr Rev.* 1985; **56**: 265–78.
² Jacobson RR, Hastings RC. Rifampicin resistant leprosy. *Lancet*, 1976; **ii**: 1304–5.
³ Guelpa-Lauras CC, Grosset JH, Constant-Desportes M, Brucker G. Nine cases of rifampicin-resistant leprosy. *Int J Lepr*, 1984; **52**: 101–2.