COMMENT ON 'LEPROSY IN CHILDREN'

Sir,

In their study 'Leprosy in Children' (*Lepr Rev* 1989; **60,** 202–5) Sehgal & Joginder claim; 1, a poor correlation between clinical and pathological findings in their young patients; and 2, that children have poorly developed immunity relative to adults.

Regarding deficient immunity, since 24 of their 25 patients had no acid-fast bacilli evident by slit-smears or histopathology, the converse appears to operate if control of pathogens is taken as one marker of immunity.

More important, on the data presented by the authors, I question whether all the 'paucibacillary' children actually had leprosy, and whether their types of leprosy are as stated. The 'BB' cases cannot be so on the Ridley–Jopling classification since a positive bacterial index is necessary for that label. The 'BT' and 'BB' cases with 'non-specific' histology are obviously not histologically proven leprosy. The 9 children with clinically and histologically 'BT' disease could, on the information presented, have had leprosy; but given the doubt about the other cases, were their skin biopsies histopathologically pathognomonic? (There are many causes of granulomatous dermatitis, and in the absence of bacilli in characteristic sites, only those cases with undisputed endoneurial granulomatous disruption of dermal nerves should be admitted as definite cases of leprosy.)

One possible explanation for the doubts about these cases may lie in inadequate examination for bacilli in slit-skin smears and histological sections. The authors could also indicate how certain they were of the diagnoses on clinical grounds, and whether the lesions improved on chemotherapy.

In studies such as this, where various parameters are being correlated, the greatest precision possible should be utilized to define the patient study group, and to ensure that the patients actually have the disease in question. The final statement—that clinical criteria should be the mainstay of diagnosis of leprosy in children—is questionable. Given the well-known problems in establishing a diagnosis in many suspect cases[1–3] it is important to separate operational criteria for diagnosis from those used for leprosy research. In the latter, stricter criteria must be used.

Department of Histopathology S B LUCAS
University College and Middlesex School of Medicine,
University Street, London WC1E 6JJ

References

1 Fine PEM, Job CK, McDougall AC, Meyers WM, Ponnighaus JM. Comparability among histopathologists in the diagnosis and classification of lesions suspected of leprosy in Malawi. *Int J Lepr*, 1986; 54: 614–25.
2 Lucas SB, Ridley DS. The use of histopathology in leprosy diagnosis and research. *Lepr Rev*, 1989, 257–62.
3 Ponnighaus JM, Fine PEM. Leprosy in Malawi 1. Sensitivity and specificity of the diagnosis and the search for risk factors in leprosy. *Trans R Soc Trop Med Hyg*, 1988; 82: 803–9.