Letters to the Editor

CLOFAZIMINE-INDUCED LYMPHOEDEMA

Sir,

I would like to report my observations of six patients who were being treated with multidrug therapy (MDT) for multibacillary leprosy in a leprosy centre in Karnataka, India, where I was working as a medical officer from 1984 to 1986.

These six patients developed significant and symptomatic pedaloedema, two of them also complained of subjective oedema of the hands. The patients belonged to the 30–50 year age group, and included one woman. The oedema of the feet was first seen about 3 months after starting the MDT. The oedema was characteristically bilateral, symmetrical, pitting, non-tender and progressive, with postural variations.

Baseline investigations done on these patients before starting the therapy ruled out cardiac, renal, or hepatic diseases, filariasis or nutritional deficiencies. The development of the pedaloedema was observed only in the multibacillary patients who were on three drugs, rifampicin, dapsone and clofazimine, and not in the paucibacillary patients who were only on two drugs, rifampicin and dapsone. It appears that this oedema is due to clofazimine.

Clofazimine has been shown to be deposited in lymph nodes by various histopathologists, ¹⁻³ and such deposition was considered responsible for abdominal pain. ⁴ One report also mentions the development of persistent and generalized oedema in a patient who was given clofazimine 100 mg daily, with prednisolone 10 mg. ⁵

The fact that pedaloedema occurs in patients with lepromatous or borderline lepromatous leprosy is appreciated. But since the oedema became significant to the patients only after the therapy was started, I would like to suggest that the pedaloedema referred to above could be due to the lymphatic stasis produced by the depostion of clofazimine in the lymphatic channels, ultimately causing lymphoedema.

I would be interested to know if any similar report or observation has been made in any other leprosy centre, since this could perhaps have further implications on the role of clofazimine in the management of leprosy.

Department of Pharmacology CMC, Ludhiana 141.008 Punjab, India T OOMMEN

References

```
Lepr Rev, 1976; 47: 1.
Lepr Rev, 1975; 46: 105.
Ann Dermatol Venerol, 1982; (F) 109 (6/7); 585-7.
Lepr Rev, 1979; 50: 258-9.
Lepr India, 53; 285-7.
```