Letters to the Editor

MULTIDRUG THERAPY IN PAUCIBACILLARY LEPROSY

Sir,

Chopra et al. have reported some interesting results in their trial of multidrug (MDT) in paucibacillary leprosy (Lepr Rev, 1990; 61: 157-62), and they took exemplary care to avoid mistaking upgrading (reversal) reaction for relapse, but a proper evaluation of their study would be facilitated if they would clarify the following points: (1) What was the numerical composition of the four types of PBL included in their trial? (2) How many patients failed to complete treatment? (3) Were all patients followed-up for three years? If so, why is a two-year period mentioned on p. 158? (4) Did any of the 723 patients relapse after taking MDT for 12 months?

Finally, from experience gained in this trial, would the authors recommend that all PBL cases should be treated for 12 months and followed-up for three years?

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ARE DAPSONE HYPERSENSITIVITY REACTIONS DOSE RELATED?

Sir,

I would be surprised if there are many leprologists who would disagree with the often repeated concern regarding dapsone hypersensitivity reactions. Numerous publications in the past five years from many countries have commented on the frequency as well as the severity of this phenomenon and most have concluded with some hypotheses as to the reason for the presumed increase in incidence of dapsone hypersensitivity in one or other of its manifestations.

I am stimulated to reply to the paper by Richardus & Smith1 on the recent observation of the recovery of a ten-year-old boy with full blown dapsone syndrome in the south east of Nepal. He is the thirteenth case of dapsone hypersensitivity (fortunately none fatal) in the past two years from this leprosy control project, which currently has a total of 4645 patients on treatment, 59% of whom are on standard WHO multidrug therapy. With two exceptions all of these patients were started on full dose dapsone monotherapy and hence developed their problem before rifampicin or rifampicin and clofazimine were commenced. It can be seen from Smith’s paper2 that two of the three fatalities we reported to him from Zambia were in patients who were still on monotherapy at the time of their catastrophic drug reaction and this has similarly been reported over many years.3 6

It would therefore suggest to me that the combination of dapsone with other antileprosy drugs, as has been suggested elsewhere, is not a factor in the possible increase in dapsone hypersensitivity. The high starting dose of dapsone given almost universally to all patients is probably a more significant factor. The idea that a reduced dose of dapsone may lessen the incidence of side-effects is certainly not new.3 Additionally it was considered that the dapsone syndrome virtually disappeared with the subsequent lowering of the initial dose, for example to 25 mg weekly.6 A small average body